



WINTZ & RAY

PET CREMATORY
and CEMETERY

FACILITY OR CLINIC: Kleinschmit Veterinary Services, LLC DATE: _____

TELEPHONE: 605-638-7211

PRIVATE INDIVIDUAL CREMATION\$ _____
Cremated Separately. Remains Returned to the Family in a Metal Urn.

SIMPLE CREMATION\$ _____
Cremated with Others. Remains Not Returned but placed in our Scattering Garden.

BURIAL.....\$ _____
Remains Buried at our Pet Cemetery.
Includes grave space, opening/closing, simple container, and temporary marker.

NAME OF OWNER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF PET _____ BREED _____

WEIGHT _____ DATE OF BIRTH _____ DATE OF DEATH _____

Additional urns, merchandise and grave markers are available at our facility at 2901 Douglas Avenue • Yankton

I authorize release of the above deceased pet to the Wintz & Ray Pet Crematory and Cemetery, a service of the Wintz & Ray Funeral Home and Cremation Service, Inc. for cremation or burial and I certify that the above animal has not bitten anyone within the past 10 days.

Authorized Signature Date

Wintz & Ray Pet Crematory Date and Time Received

I acknowledge receipt of individual cremated remains:

Authorized Signature Date and Time

2901 Douglas Avenue • Yankton, SD 57078
Phone 605-665-3644 • Fax 605-665-3646
wintzray@iw.net • www.wintzrayfuneralhome.com