

RAINBOW PROTOCOL

PET'S NA	ME:			
BREED:			AGE:	
			have on file a precautionary protocol for our guests to ent your beloved pet passes away while in our care.	
Please ch	eck your wishe	s below:		
1)	I want my emo	ergency contact to be calle	ed and to pick up my pet if they pass away while at the	
	YES	NO	_	
	•	e an emergency contact w v through with your arrang	who will assume the responsibility to pick up your loved ements:	
	NAME		PHONE NUMBER(S)	
2)		ncy contact is unable to be riate Veterinarian for arran	e reached, I authorize the Woofington to transport my pet gements.	
	YES	NO	_	
3)	I authorize the Woofington to transport my pet for cremation and DO wish to have the ashes returned to me. This would be a private cremation.			
	YES	NO	_	
4)		e Woofington to transport r s would be a group crema	my pet for cremation and DO NOT wish to have my ashes tion.	
	YES	NO	_	
5)	I DO NOT wish to have my pet cremated and prefer to have my pet returned to me for private burial. I agree that the Woofington will make appropriate arrangements with my Veterinarian and I will pick up my pet from the Veterinarian myself.			
	YES	NO	_	
Woofingt	_	to follow through with r	be incurred for my selected services. I give the my wishes as stated above and agree to make	
SIGNATU	RE:			
DATE:				