

The Animal Hospital
Permission Form for Alternate Party Pick Up

Client Name _____ Folder # _____

Pet Name(s) _____

Emergency Phone Contact for Owner _____

Emergency Phone Contact for Alternate _____

I hereby authorize _____ to pick up my pets (as listed above) from boarding/treatment at The Animal Hospital. I understand that the designated party will take full responsibility of the pet(s) once it has left the premises.

I have made arrangements for charges incurred while my pet(s) is in the hospital, and understand that my pet cannot be picked up until all balances are cleared.

Credit Card Information (optional, if already on file)

Visa MC AmEx Discover Care Credit

Card Number: _____

Exp. Date _____ V-Code _____