

# Authorized Persons Form Stenner Creek Animal Hospital

I, \_\_\_\_\_, agree that I am the owner of \_\_\_\_\_. I authorize the following persons to either pick up my pet, drop off my pet, receive medical information concerning my pet and/or authorize medical treatment for my pet. I understand that by authorizing these persons, I am allowing Stenner Creek Animal Hospital to provide them with information necessary to care for my pet. Should the on call doctor not be able to get ahold of me, persons I authorize on this form may be contacted to authorize medical treatments for my pet. I agree that I am financially liable for all decisions made by these persons.

Should, at any time, I decide that a person on this list is no longer authorized, it is my responsibility to contact Stenner Creek Animal Hospital to change this form.

Name	Contact Phone	Authorized to: Pick	Drop Off	Receive Medical Information	Authorize Medical Treatments
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Owner Signature:

Date: