

AUTHORIZATION OF THIRD PARTY RESPONSIBILITY

PET OWNER

I, _____ of _____,
(Name of pet owner) (Pet owner's address)

request that _____ be contacted to care for and remove
(3rd party's name)
my pet from the premises if necessary in the event that I am unable to do so.

Date Pet Owner Signature

3rd party designee
I, _____ of _____,
(3rd Party's name) (3rd Party's address)

consent to be responsible for the care and removal of the pet, if necessary, should
_____ become incapacitated.

Name Of Pet Owner

Date 3rd Party's Signature