

AUTHORIZATION FOR ADMISSION TO MY APARTMENT

I give my permission to **The Pets Pal** to enter my residence or office in order to provide quality pet care for my animal(s)

Please allow this organization to perform this service and give the Company all necessary assistance in regards to this matter.

SIGNATURE:

NAME:

ADDRESS:

TELEPHONE:

DATE:

AUTHORIZATION TO OBTAIN MEDICAL CARE FOR MY PETS

During my absence, I _____, hereby authorize **The Pets Pal** or their designated agent(s) to seek medical treatment for my animal(s)

I will remain responsible to pay all such medical expenses whether directly to the provider of the medical treatment or to **The Pets Pal** within five (5) days of the date on which such expenses are incurred.

SIGNATURE:

DATE: