



Aspen Arbor ANIMAL HOSPITAL

Pick Up Authorization

As the legal owner of the pet(s) listed below, I hereby give _____
permission to pick up my pets on the following date. ____/____/____.

I understand that I am responsible for all associated costs and fees for any services provided during my pet's stay, and that all costs and fees must be paid in full prior to my pet(s) released.

Pet(s) Name

Species (Canine/Feline)

Name of Person Authorized to Pick up my Pets: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____

Name of Legal Pet Owner: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____