



Caregiver Authorization

Date: _____

To SPCA Florida,

(List pet names)

1. _____

2. _____

3. _____

4. _____

I _____ (print owners name) for the pet or pets listed above authorize _____ (name of authorized individual) to:

Initial your selection.

_____ Bring in or pick up the pet or pets listed above.

_____ I **DO** allow the authorized individual listed above to authorize treatment for the pet or pets listed above.

_____ I **DO NOT** allow the authorized individual listed above to authorize treatment for the pet or pets listed above.

_____ I authorize the authorized individual listed above to bring the above listed pet or pets in on _____ only. (Date)

_____ I request to add the authorized individual listed above to my account permanently.

****If I do not allow the authorized individual listed above to authorize treatment, I can be reached at**

_____.

X _____ (signature)