



FELINE AUTHORIZATION FOR ADMISSION TO MY RESIDENCE

I give my permission to **Two Dogs & A Goat Incorporated** (the “Company”) to enter my residence or office in order to provide pet care for my animal(s) _____ (name). Please allow this organization to perform this service and give the Company all necessary assistance in regards to this matter.

Signature: _____

Print Name: _____

Address: _____

Telephone: _____

Date: _____

AUTHORIZATION TO OBTAIN MEDICAL CARE FOR MY PETS

During my absence, I, _____, hereby authorize **Two Dogs & A Goat Incorporated** 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 **Two Dogs & A Goat Incorporated** within five (5) days of the date on which such expenses are incurred.

Signature: _____

Date: _____

Two Dogs & A Goat Incorporated
P.O. Box 398, Prince Street Station, New York, NY 10012
Toll Free Phone: (888) 286-6475 | Toll Free Fax: (888) 492-3452
Email: admin@twodogsandagoat.com
Feline Form #4