



CANINE 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: _____

CANINE 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
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Canine Form #4