



AUTHORIZATION FOR ADMISSION TO MY RESIDENCE

I hereby give my permission to SANTA BARBARA PET PALS, a California General Partnership, and its agents, to enter my residence in order to provide quality pet care for my animal(s) _____ (pet names). I agree to provide Pet Pals and its agents all information and materials necessary to provide said quality pet care.

CLIENT SIGNATURE: _____ EXECUTED ON: _____

CLIENT PRINTED NAME: _____

ADDRESS: _____

TELEPHONE: _____

AUTHORIZATION TO OBTAIN MEDICAL CARE FOR MY PETS

During my absence, I _____, hereby authorize SANTA BARBARA PET PALS, a California General Partnership, and its agents, to seek medical treatment for my animal(s) _____ (pet names). I will remain financially liable to pay all such medical expenses whether directly to the provider of the medical treatment or to Paws within five (5) days of my return. If said payment is not received by Santa Barbara Pet Pals or the medical provider within five (5) days, I understand that I will be responsible for a 1% late charge, accruing every five (5) days thereafter until paid in full. If my payment has not been received in full by the forty-fifth (45th) day, Santa Barbara Pet Pals has the right to pursue legal action for collection purposes of the medical expense and interest. I understand and agree that I will be responsible for all legal and filing fees incurred by Santa Barbara Pet Pals for said collection.

CLIENT SIGNATURE: _____ EXECUTED ON: _____

