



AUTHORIZATION FOR ADMISSION TO MY RESIDENCE

I hereby give my permission to PAWS OVER SANTA BARBARA (Paws), 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 Paws 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 PAWS OVER SANTA BARBARA (Paws), 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 Paws Over Santa Barbara 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, Paws Over Santa Barbara 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 Paws Over Santa Barbara for said collection.

CLIENT SIGNATURE: _____

EXECUTED ON: _____ AT: _____

