

**AUTHORIZATION TO RELEASE INFORMATION FOR CARE AND TREATMENT  
OF PET**

I, \_\_\_\_\_, the owner of the pet(s) named below  
hereby request and authorize my veterinarian,

\_\_\_\_\_ to provide to CASPER'S CANINE CAB, LLC  
any information that may be reasonably requested or

necessary for the proper care and treatment of my pet(s)  
while in the custody of or being transported by CASPER'S CANINE CAB, LLC.

Pet(s)

Name(s), breed, and sex of pet(s):

Pet #1: Name, breed and sex: \_\_\_\_\_

Pet #2: Name, breed and sex: \_\_\_\_\_

This Authorization will remain on file at Casper's Canine Cab LLC until revoked or up-  
dated by the owner and may be used or relied on by Casper's Canine Cab, LLC at any  
time or in any situation that may be appropriate.

Owner's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_