

Dreya's Place: A Pet Haven, LLC – Authorization Form

I/We hereby transfer my/our ownership of the (number) _____ animals described in the attached Enrollment Data Form(s) or their approved substitute companion animal(s), to Dreya's Place: A Pet Haven, LLC, (Dreya's Place) at the time Dreya's Place representatives take possession of the companion animals to enter into Dreya's Place: A Pet Haven, LLC.

I/We authorize my/our Interim Caretaker of the animal(s) to notify Dreya's Place representatives of the need to take possession of the enrolled animal(s) and to release said animal(s) to a representative of Dreya's Place upon presentation of an original or copy of this document.

The Interim Caretaker is:

(Name) _____

(Address) _____

(Phone) _____

I/We authorize my/our veterinarian to release to Dreya's Place: A Pet Haven, LLC the complete medical record of the animal(s) enrolled in the program for Dreya's Place at the time the Dreya's Place representative takes possession of the animal(s).

A Pet Haven

The Veterinarian is:

(Name) _____

(Address) _____

(Phone) _____

(Owner) _____

(Owner) _____

Date: _____

Date: _____

Acknowledged: _____

Date: _____