



AUTHORIZATION FOR PICK-UP

In any event that I am unable, by choice or otherwise, to personally obtain my pet(s) from Walter's Pet Styles, I hereby authorize the following people to render this action for me.

AUTHORIZED PERSONS INFORMATION

FULL NAME _____ CONTACT NUMBER _____

RELATIONSHIP _____ DATE OF AUTHORITY _____

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RELATIONSHIP _____ DATE OF AUTHORITY _____

I will not hold Walter's Pet Styles liable for any event occurring from any individual on this list taking my pet(s) with them. I have listed only those individuals whom I trust and understand unconditionally that my pet(s)'s safety is my responsibility. It is my duty and responsibility to update this record for the purpose of authorization and deauthorization of any individuals.

Printed Name _____

Signature _____

Date _____