

Date:

Pet Owner:

Pets Caretaker(s):

Address:

Phone:

Phone:

I, the undersigned owner of the pets on file with Somers Animal Hospital, certify that I am over eighteen years of age and hereby appoint the above caretaker(s) who are also over eighteen years of age, to act as my agent and on my behalf in procuring veterinary care for these dates indicated\_\_\_\_\_. I agree to pay the fees for such veterinary services.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date