

Animal Care Hospital  
1146 Blairs Ferry Road NE  
Cedar Rapids, IA 52402  
(319) 378-9000

CONSENT TO HAVE THIRD PARTY PICK UP PET

I agree that I am the legal owner of the following pet and that the following information for me and my pet is correct.

Client ID:	Patient ID:	Patient Name:
Client Name: Animal Care Hospital, 1		Species:
Address: 1146 Blairs Ferry Road N.E.		Breed:
City/State/Zip: Cedar Rapids, IA 52402		Color:
Phone: (319) 378-9000	Sex:	Age:
	DOB:	

I agree that the following person is allowed to pick up my pet from Animal Care Hospital with the stipulated expiration date.

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Name (Please print)	Expiration Date
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Animal Care Hospital agrees that it will require a photo identification of the person you have designated to pick up your pet.

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Signature of Owner

Date