

Authorization Letter
(Pet Care Authorization Letter)

[Your Name]
[Your Address]
[City, State, ZIP Code]

[Date]

[Pet Care Provider/Veterinarian Name]
[Provider Address]

[City, State, ZIP Code]

Dear [Pet Care Provider/Veterinarian Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to make medical decisions and provide care for my pet [Pet's Name] in my absence. [Authorized Person's Name] is permitted to seek veterinary treatment, administer medication, and make decisions regarding my pet's well-being.

This authorization is valid from [Start Date] to [End Date].

Thank you for your attention to this matter.

Sincerely,
[Your Signature]
[Your Name]