

CASSETTA CRITTER CARE
P.O. BOX 445
CONCORD, NH 03302
603-798-5033

POWER OF ATTORNEY FORM

Instructions: Please print this page, fill it out completely and bring it with you for your first appointment.

We at Cassetta Critter Care are pleased that you are entrusting us with the care of your pet(s) while you are away. We consider this an important responsibility and will exercise every measure to ensure that your animal(s) leave our care in a sound, clean and healthy condition.

If your pet(s) become ill while in the care of Cassetta Critter Care, we will make every attempt to contact you or a family member/friend that you designate to make decisions on your behalf. Please list a contact phone number on this form where you may be reached, as well as the name and phone number of an emergency contact in the event we are unable to reach you directly.

I give Cassetta Critter Care permission to treat or seek treatment or do whatever may be necessary for the health and welfare of my pet(s) while in the care of Cassetta Critter Care.

Signed: _____
Contact phone no. _____

Emergency Contact Name: _____
Emergency Contact Phone No. _____