

**Animal Hospital of Pasco**3012 N Road 92
Pasco, WA 99301(509) 545-9949
www.pascovets.com**Agent Authorization Form**Form P-135
Rev. 2/13/2012

(This section to be completed by office staff only.)

Client's account number: _____

This form authorizes another person (your "agent") to obtain goods and/or services for your pet(s) on your behalf. You will be responsible for all charges incurred by your agent.

Client Information

Your first name and initial	Your last name	Phone number while away
Your social security number	Your birthdate (MM/DD/YYYY)	

Agent Information

Agent's first name and initial	Agent's last name	Phone
Street address, apt. number	City/state/ZIP	
Your relationship to agent (e.g. relative, business partner, significant other, etc.)		

I understand that a finance charge is applied to all accounts unpaid after 30 days. Finance charge is computed by a periodic rate of 1.5% per month which is the annual percentage rate of 18.00%. Minimum charge is \$1.50.

I understand and agree that I am responsible for all charges to my account incurred by the agent named above, including (but not limited to) fees relating to returned checks and finance charges. I authorize the Animal Hospital of Pasco to release information about my account (including, but not limited to, medical records and transaction history) to the agent named above. I understand that this document does not place any obligations on the agent named above, nor does it negate obligations that may have been established by other agreements.

*Signature of Owner*_____
Date