



DOGSAMUST

**PICK -UP
AUTHORIZATION**

Person(s) Authorized to Drop off and/or Pick up My Dog(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

As the guardian/owner of _____,

I agree to and am bound by the policies and procedures of Dogsamust of Arkansas as they may be amended. I understand and agree that my dog(s) will not be released for departure to anyone that is not authorized to do a pick-up.

Guardian/Owner

Date