

Emergency Pet Care Authorization

If I am removed from my home due to COVID-19, I give my local municipality and/or animal care and control agency the authority to enter and have full access to my home to care for and take temporary custody of my animal(s) until I am able to return.

RESIDENT'S NAME: _____

PHONE NUMBER: _____

of DOGS: _____ **# of CATS:** _____

and TYPE OF OTHER PETS: _____

SPECIAL INSTRUCTIONS: _____

EMERGENCY CONTACT INFO: _____

THE KEY FOR ENTRY IS LOCATED: _____

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