

# Authorized Release Consent



Owner(s): \_\_\_\_\_

Pet(s): \_\_\_\_\_

## Authorized Release

Pet guests will be released only to the owner & individuals listed below. **Picture identification is required when checking out a pet guest.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

By completing & signing this form, the owner, named above, gives consent to Paws in Paradise Luxury Resort & Spa to release the pet(s) to the individual(s) listed above.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date