



**Animal Hospital of Pasco**

3012 N Road 92  
Pasco, WA 99301

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www.pascovets.com

**Agent Authorization Form**

Form P-135  
Rev. 06/08/2022

This form authorizes another person (your "agent") to obtain goods and/or services from this office on your behalf. You will be responsible for all charges incurred by your agent. Your agent will be able to make medical decisions for your animal(s), up to and including euthanasia. Animal Hospital of Pasco advises clients to authorize only those individuals the client trusts completely with the broad financial and medical decision-making powers granted by the Agent Authorization. Think carefully before executing this authorization.

ACCOUNT NUMBER – OFFICE USE ONLY

**Client Information**

Your full name		Your social security number	Your birthdate (mm/dd/yyyy)
Current home address:		Phone number(s) we can reach you at:	

**Agent Information**

Agent's full name		Agent's phone number
Agent's home address:	Your relationship to agent (e.g., relative, business partner, significant other, etc.)	

I hereby authorize the individual named above (identified in the Agent Information section) to act as my Agent without restriction in all matters concerning my animal(s) and/or my Animal Hospital of Pasco client account. I understand and agree that I am responsible for all charges to my account incurred by my Agent (including, but not limited to, fees relating to returned checks, missed appointments, and finance charges). I authorize Animal Hospital of Pasco to release information about my client account (including, but not limited to, medical records and transaction history) to my Agent. I understand that this document does not place any obligations on my Agent, nor does it negate obligations that may have been established by other agreements. I understand that a finance charge of 1.5% per month or the highest lawful rate, whichever is lower, will be assessed on any past due balance. I certify that my Agent is at least 18 years of age. I have read this document in its entirety and the information I have provided herein is accurate and true to the best of my knowledge.

\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
*Date*

**IMPORTANT: SIGNATURE MUST BE IN INK AND CANNOT BE TYPED.**