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## Transport Authorization Form

I authorize the staff of The Animal Hospital and Pet Resort at Southwood to transport my pet to Northwood Animal Hospital for further testing and/or treatment as deemed necessary by the doctor(s). I release The Animal Hospital and Pet Resort at Southwood and its staff from any liability if an accident should occur during transport. I authorize the doctors and staff of The Animal Hospital and Pet Resort at Southwood and Northwood Animal Hospital to treat my pet for life threatening injuries which may be sustained if an accident should occur.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Date: \_\_\_\_\_