



2595 Centerville Rd Tallahassee FL 32308 ~ 850.422.3063 ~ 850.422.3069 fax

Authorization for Pick Up & Drop Off

Name of Dog(s): _____ Owner(s): _____

The following people are authorized to drop off or pick up my dog(s) at any time:

- 1.
- 2.
- 3.
- 4.

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I understand and will inform the above listed parties that identification may be required for verification purposes at the time of pick up.

I further understand that it is my responsibility to update this list as necessary and to inform those I have listed above of the rules and regulations at MoJo's.

I will be responsible for any fees incurred by the above parties.

Owner's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

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