

# Toronto Humane Society Urgent Need Foster Support Program

## Agent Representation Authorization Form

Please complete this form to designate Toronto Humane Society to act as your authorized agent for all matters pertaining to your animal while it is in Toronto Humane Society's care and Toronto Humane Society's Foster Support Program.

### Owner Information

Name:	Street Address:	
Phone Number:	Postal Code:	City:
Email Address:	Province	Country: (if outside Canada)

### Animal Information

Name of Animal:	Animal DOB (appx Age):	Species:
Colour and Colour Pattern:	Animal Gender:  M/N    F/S	Breed:



**My signature below indicates that I agree to the following:**

1. I authorize the person named and listed below to act on my behalf regarding any inquiries and/or decisions relating to the above animal while it is entered in Toronto Humane Society's Foster Program.
2. This authorization allows the Agency named and listed below to provide any information to Toronto Humane Society as it relates to my animal.
3. This authorization allows Toronto Humane Society and its agents to provide information to any Veterinary Clinic that is providing services to my animal.
4. I understand and agree to pay up to a maximum of \$\_\_\_\_\_ for any care that may need to be provided to my animal while it is in Toronto Humane Society's Foster Program. I further understand that if the animal requires care that goes over and above this amount that Toronto Humane Society will make the decision that is in the best interest of my animal and that the outcome of this decision may involve euthanasia or transfer of ownership to Toronto Humane Society.

I authorize the following person to act as my Agent for all matters pertaining to my animal:

**Toronto Humane Society**

Authorized Third Party Street Address:	Floor	City:
Province:	Postal Code:	Country:

**Please sign and date below to complete the Agent Representation Authorization Form the Toronto Humane Society's Foster Program**

Owner Signature:	Date: (DD/MM/YYYY)
Witness Signature	Date: (DD/MM/YYYY)

