

PALM BEACH POINT PERMANENT VETERINARIAN AUTHORIZATION FORM

(Please Print Clearly)

DATE _____ PIN NO. _____ BLOCK _____ LOT _____

LAST NAME (OWNER) FIRST NAME

NAME OF SPONSORED VETERINARIAN

RESIDENTIAL ADDRESS

ADDRESS

HOME PHONE NO.

CELL NO.

PHONE NO.

CELL NO.

EMAIL ADDRESS

COMMENCEMENT DATE

TERMINATION DATE

SIGNATURE OF PROPERTY OWNER

Date

VETERINARIAN LICENSE/STATE

SIGNATURE OF VETERINARIAN

VETERINARIAN DRIVERS LICENSE

SELF EMPLOYED:

NAME OF VETERINARY CLINIC:

ALL PROPERTY OWNERS ARE RESPONSIBLE FOR THEIR PERMANENT NON-RESIDENT WHO IS REQUIRED TO ABIDE BY ALL POA AND COMMUNITY RULES AND REGULATIONS.

BAR CODE COST IS \$125.00 FOR A 12 MONTH PERIOD FOR A SPONSERED VETERINARIAN

Proof of Vehicle Ownership & Drivers License Required

VEHICLE LIC. (TAG) 1

BARCODE 1

FOR OFFICE USE ONLY

() Proof of Vehicle Registration

() Proof of Drivers License

License # _____ Make _____ Model _____ Color _____

Received on: _____ APPROVED _____