



AUTHORISATION FOR VETERINARY TREATMENT

Owners Name

Address.....

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Cat's Name/s.....

- I give permission for worm/flea treatment to be given if necessary.
- I agree that in the case of suspected illness, a veterinary surgeon may be contacted, my cat examined and investigations performed if required (eg. Blood tests, x-rays).
- I agree to the cattery administering any prescribed treatments the vet considers advisable.
- I understand that the tests and treatment will be given at my own expense.
- I give consent for euthanasia should this be recommended on humane grounds by the veterinary surgeon caring for my cat, in consultation with my own veterinary surgeon and/or contact person.

SIGNATURE: DATE: