

## Veterinary Authorisation Details Form

Vets Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

During my absence, I have given permission for Poochinies to act as a guardian for my pet/pets. I authorise the above vets to treat my pet/pets in case of any illness.

I will be responsible for any charges incurred. Please take any action suitable in order to keep my pet/pets in good health.

I give Poochinies permission to transport my pet/pets to the vets named above.

I agree that in the event of surgery or euthanasia Poochinies will accept the advice of the vet. The authority is valid for this, and any future booking made with Poochinies

Owners Signature \_\_\_\_\_

Date \_\_\_\_\_