



*Laceys Lane, Leverton
PE22 0BD*

Authorisation For Veterinary Treatment

Owners Name:

Owners Address:

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Cats Name:

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 understand that where tests and treatment are provided by Birch Grove Cattery, these will be given at my own expense.

In the unlikely event that euthanasia is recommended on humane grounds by the veterinary surgeon caring for my cat and consultation with my own contact person, I give consent for this procedure to be undertaken on my behalf.

Signed:

Date:/...../.....