

PYPE HAYES CATTERY

1063 Chester Road,
Erdington,
Birmingham,
B24 ONR

0121 351 6557 ~ 07773477139

AUTHORISATION OF VETERINARY TREATMENT FORM

Please print and complete this and your cat information form and bring both forms with you when you bring your cat/cats to stay with us.

OWNERS NAME

.....

OWNERS ADDRESS.....

.....

POST CODE

TELEPHONE..... MOBILE.....

CAT / CATS NAME

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I give permission for worm/ flea treatment to be given to my cat/ cats if necessary. I agree that in the case of suspected illnesses a veterinary surgeon may be contacted. In this event I give permission for my cat / cats to be examined and investigations performed (e.g. blood tests and x-rays) I agree to the cattery administering any prescribed medication that the vet considers advisable for my cat. I understand that the tests and treatment administered to my cat will be at my own expense and not that of the cattery. I also give consent to euthanasia on humane grounds should this be recommended by the veterinary surgeon looking after my cat, in consultation with my own veterinary surgeon and or on contact person. I have discussed the options for dealing with my cat with Pype Hayes cattery.

SIGNED..... DATE.....