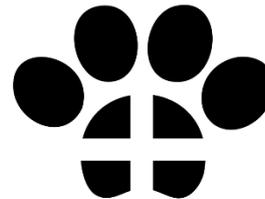


MY CORNISH PET COMPANION

BESPOKE HOLISTIC PET SERVICES



Client Information Pack - Vet Authorisation for Emergency, Accident or Illness

IN THE EVENT OF AN EMERGENCY, ACCIDENT OR ILLNESS. This consent form authorises the sitter to seek appropriate medical treatment through the veterinary practice named by the client.

The sitter will contact the veterinary practice immediately by telephone for advice. The pet will be taken to the veterinary practice if this is recommended by the vet.

The client will be kept up to date throughout, if contactable on the phone numbers supplied, otherwise the client will be contacted via email address. The sitter is authorised to transport the pet(s) to and from the veterinary practice for treatment or to request "on site" treatment if deemed necessary.

 If the client cannot be reached in case of an emergency, the veterinarian shall act on my behalf to authorise any treatment **EXCLUDING** euthanasia.

Yes/No

 Dependent upon the severity of the emergency and the veterinarian's opinion, acting on my behalf, I authorise any treatment **INCLUDING** euthanasia.

Yes/No

 I give permission to any representative of the vet practice to approve treatment, and I accept full responsibility for all fees and charges incurred in the treatment of my pet.

Yes No

Veterinary Practice Address:

Emergency Telephone Number:

Pet Name:

Owner Name:

Signature:

Date: