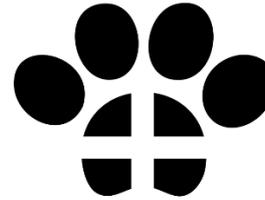


MY CORNISH PET COMPANION

BESPOKE HOLISTIC PET SERVICES



Client Information Pack - Vet Authorisation for Long term illness / Senior
pets

IN THE EVENT OF LONG-TERM ILLNESS or SENIOR PET. This consent form is
to be used in the event of a pet's serious decline in their long-term health
issues or for senior pets reaching the end of their life.

The client is advised to contact the veterinary practice and make them
aware that there is a chance that their pet's health may seriously
deteriorate while they are away.

The pet will be taken to the veterinary practice named by the client.

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 has been made aware that my pet may pass away in their care
due to effects of Long-Term health issues / Senior age.

Yes/ No

 The sitter has been given permission to act on my behalf to authorise any
treatment **INCLUDING** euthanasia. *

Yes/ No

Veterinary Practice Address:

Emergency Telephone Number:

Pet Name:

Owner Name:

Signature:

Date: