

Authorisation to care for your pet

I (_____) *authorise and request the Veterinarians at*
(_____) Vet Clinic, Animal Accident and Emergency
Centre or Referral Specialists to perform necessary medical, diagnostic and surgical
procedures on my pet/s (_____) in my absence from
(_____) to (_____).

This is to be:

In consultation with my pet's carer _____ (carer's name)

To a limit of \$ _____

I appoint my pet's carer _____ as my agent to authorise
and request to give consent on my behalf including, but not limited to, cases of
euthanasia, acknowledgement of the veterinarians consents, necessary risks and
payment terms.

My Credit Card details are as follows:

VISA / Mastercard / Bankcard

_____ Expiry Date _____ / _____

Signed _____

Dated _____