



NORTH END ROAD,
YAPTON,
ARUNDEL,
WEST SUSSEX.
BN18 0DH

01243 555490
anita@oakviewcattery.com
www.oakviewcattery.com

Authorisation for Veterinary Treatment

Owner's name
Owner's address
.....
.....
Post code
Home tel. no.Mobile no.
Authorised contact
Home tel. no.Mobile no.....
Cat's name/s
Usual Veterinary Surgeon

I give my permission for worm/flea treatment to be given if necessary.

I agree that in the case of suspected illness or injury, a veterinary surgeon may be contacted, my cat examined, treated and investigations performed if required.

I agree to the cattery administering any prescribed treatments the vet considers advisable.

I understand that any tests and/or treatment for an illness or injury developing whilst in the cattery will be covered up to £2000.00 by the cattery's own insurance but I will be liable for any costs incurred above this amount.

I understand that I will be liable for any costs incurred due to a pre-existing condition.

I also give consent for euthanasia should this be recommended on humane grounds by the veterinary surgeon caring for my cat, in consultation with my own veterinary surgeon and/or authorised contact.

I have discussed options for dealing with my cat with the cattery proprietor and listed any specific requests overleaf.

I wish/do not wish to be contacted whilst away. (Please delete as appropriate)

Signed
.....

Dated

PROPRIETOR: MRS. ANITA JONES