

Harewood Cattery
Shelton Firs
Hillam Common Lane
Hillam
LS25 5HR

Tel: 01977 684957
Mob: 07767 871440



Veterinary Authorisation Form

To Hospital / Vet's Name:

This is to inform you that I have engaged the services of Harewood Cattery to care for my pet(s) during my absence from home. This authorization is to remain in effect now and for any of my future absences until I otherwise notify you.

In the event of an illness or injury, I hereby authorize the owner of Harewood Cattery or any authorized person working for Harewood Cattery, to bring in my pet(s) for whatever medical treatment may be required. I further authorize you to give out any information and/or veterinarian records pertaining to my pet(s) to the owner of Harewood Cattery or any authorized person working for Harewood Cattery, if necessary. I will assume full responsibility upon my return for payment of all services rendered.

If my specific veterinarian is not available for any reason, or the emergency should happen outside regular office hours, I authorize Harewood Cattery to take my pet(s) to the nearest emergency or veterinary clinic that can render assistance.

Signed:

Date:

Print name:
Address:
Phone:
Owner's name and address if different from above:
Pet(s) name(s):
Pet (s) age

Signed:

Date: