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*AUTHORISATION FOR VETERINARY
TREATMENT*

Owner's Name:

Owner's Address:

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Cat's Name:

I give permission for the proprietors of Crooklands Cattery to administer worm / flea treatment as necessary.

I agree that in the case of a suspected illness, a veterinary surgeon may be contacted, my cat examined and investigations performed if required (for example blood tests or x-rays).

I agree to the proprietors of Crooklands Cattery administering any prescribed treatments the vet considers advisable.

I understand that the tests and treatment will be given at my own expense.

Signed :

Date :