

**AUTHORITY FOR VET TREATMENT**

**Owners Full Name:**

**Address: Mobile:**

**Emergency Contact Name:**

**Emergency Contact Number:**

**Dog Name and Breed: D.O.B:**

**Medical conditions/medication:**

If the named dog should become ill/injured, I request that either Michael Wheat or Natalie Pettinger of H.P.R. Home Boarding take him/her to:

**Veterinary Name & Address:**

I hereby authorise the attending veterinarian to treat my pet and I accept all fees and charges incurred in the treatment.

Michael Wheat and/or Natalie Pettinger of H.P.R. Home Boarding are authorised to transport my dog(s) to and from the veterinary clinic for treatment or to request ‘on-site’ treatment if deemed necessary. If I cannot be reached in an emergency, Michael Wheat and/or Natalie Pettinger shall act on my behalf to authorise any treatment, excluding euthanasia.

I give permission to approve treatment up to £1,000.

I will assume full responsibility upon my return for payment and/or reimburse for veterinary services rendered up to the above stated amount.

**Customer Full Name: Date:**

**Customer Signature:**

**Michael Wheat: Date:**

**H.P.R. Home Boarding**

**Natalie Pettinger: Date:**

**H.P.R. Home Boarding**