



Veterinary Consent Details

Vets Name:

Address:

Telephone Number:

To the Veterinary Surgery:

During my absence Caring Fur Pets will be caring for my pet(s) and has permission to transport them to your surgery for treatment. I authorise you to treat my pet(s) and I as the pet(s) owner will be responsible for payment to you not Caring Fur Pets

I hereby give Caring Fur Pets permission to transport my pet to the above mentioned veterinary surgeon, and make any decisions on treatments they feel need to be carried out without my permission. I understand that Caring Fur Pets assumes no responsibility for the loss of the pet(s) and is released from all liability related to transportation, treatment and expense. This will all be paid for by me the pet owner.

Client Name

Client Signature

Date

