








Authorisation for Medical Treatment

-  I agree that in the case of illness, or suspected illness, a veterinary surgeon will be consulted and they will carry out treatment as they consider advisable. I agree that Kelcliffe Cattery is authorised to discuss my cats health and undertake a visit to either its own vet, which is _____ or the cattery vet, which is White Cross Vets, Guiseley.
-  I give permission for flea/worm treatment to be given as necessary without the intervention of a veterinary surgeon.
-  I authorise the cattery, where necessary, to administer pills and injections for pre-existing conditions as directed.
-  I agree to Kelcliffe Cattery administering any prescribed treatment and/or any investigations that the vet considers necessary (e.g. blood tests, x-rays)
-  I give my consent for euthanasia should this be recommended on humane grounds by the vet caring for my cat. Where possible contact will be made with either the owner or contact person and own vet before this is carried out.
-  The cost of these treatments, if not covered under our insurance for example for an ongoing condition, will be added to the invoice for payment on return.
-  Whilst every care and precaution for your cat will be taken by Kelcliffe cattery responsibility can only be accepted at owner's risk.

I agree to the above conditions and they have been explained to me fully.

Cat(s) Name(s): _____

Owner's Signature: _____

Date: _____