

# **FULL POWER FOR „THE HOUSE AND PET CARE“ FOR VET/ANIMAL CLINIC VISITS**

## **Authoriser**

Name, First name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## **Authorised representative:**

**THE HOUSE AND PET CARE**

Name of the pet carer of „THE HOUSE AND PET CARE“: \_\_\_\_\_

Address of „THE HOUSE AND PET CARE“: \_\_\_\_\_

Leutendorfer Strasse 10, 95615 Marktredwitz

Mobile phone number of the pet carer: \_\_\_\_\_

## **Details of the pet:**

Name of the pet: \_\_\_\_\_

Animal Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Colour: \_\_\_\_\_

Chip or tattoo number: \_\_\_\_\_

## **Authorisation:**

I authorise, \_\_\_\_\_, the above-named pet guardian to take all necessary actions that are in the best interest of the above-named pet, including veterinary examinations, diagnoses, treatments, surgeries and medications.

## **Release from the duty of confidentiality**

I hereby release the veterinary practice

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from medical confidentiality with regard to all information related to the veterinary treatment of my animal. This release applies to all employees of the veterinary practice who are involved in the treatment of my animal. In the event of a medical emergency, this also applies to the attending veterinary clinic and its staff.

### **Duration of the authorisation:**

**This authorisation is valid for the following period**

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Place, Date

Signature of principal

Place, Date

Signature of authorised representative