

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

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

_____ .

Place, Date

Signature of principal

Place, Date

Signature of authorised representative