

THE DOG PLAY CENTRE

VETERINARIAN CONSENT FORM

Dog Name: Age: Breed:

Owners Name:

Home Address:

.....

Post Code: Mobile Number:

Home Phone: Work Phone:

Email Address:

Veterinary Practice:

Address:

.....Post Code:

Phone Number:

*A representative of **The Dog Play Centre (West Calder)** is caring for my pet(s) in my absence and has my permission to transport them to your surgery (or the nearest surgery in the event of an emergency) for treatment. I authorise you to treat my pet(s) as required and I shall arrange for payment upon my return.*

Signed (Owner):

Print Name (Owner):

Signed (TDPC Rep):