



Strathbogie Farm, Elsrickle,
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AUTHORISATION FOR ADMINISTERING MEDICATION

NAME –

ADDRESS –

CATS NAME –

MEDICATION TO BE ADMINISTERED -

FREQUENCY OF ADMINISTRATION –

I hereby authorise staff from Romanno Purrfect Palace to administer the above prescribed treatments or any treatments issued by a veterinary surgeon if the cat requires medical treatment while in the care of Romanno Purrfect Palace. I also authorise administration of flea/wormer if required.

I agree that if a case of illness in the cat is suspected that staff from Romanno Purrfect Palace may contact their veterinary surgeon and any examinations, procedures, treatment carried out by the veterinary surgeon will be at the cat owner's expense in full.

SIGNED –

DATE -