

Gregory Fisher Professional Services LtdAuthorisation Form

Client Details

Clients Full Name: Clients Address: Clients Telephone Number:		
Clients Telephone Number:		
Clients Telephone Number:	Postal Code:	
Clients Email Address:		
Pet Name:	Species:	
Breed:	Sex:	
Veterinary Authorisation Details Veterinary Practice Name:		
Veterinary Practice Address:		
Veterinary Practice Telephone Number:		
Gregory Fisher Professional Services Ltd will be caring for my payour surgery for treatment. I authorise you to treat my pet(s) and payment to you not Gregory Fisher Professional Services. I hereby give Gregory Fisher Professional Services permission to veterinary surgeon, and make any decisions on treatments they permission up to a total of £1000. I understand that Gregory Fisher Professional Services permission up to a total of £1000. I understand that Gregory Fisher Professions in the loss of the dog(s) and is released from all life expense. This will all be paid for by me the pet owner.	to transport my dog to the feel need to be carried the Professional Service	e above mentioned but without my s assumes no
	'e	. Date

Client Name Date Date

Service Provision Authorisation Details

The information I have given in this application is true, correct and complete to the best of my knowledge. I have read and agree to abide by the terms and conditions received from Gregory Fisher Professional Services. I understand that this form acts as permission to hold keys to my property which I have provided willingly. I hereby indemnify Gregory Fisher Professional Services and their staff against any liability of any kind whatsoever arising from damage, loss, disappearance, injury or death to a pet either inside or outside of the home whilst in their care (also includes to any property). I also give Gregory Fisher Professional Services permission to transport my pet.

I agree that I will make payment for all services provided either at time of booking or at the end of each week unless agreed otherwise by Gregory Fisher Professional Services.

Chefit Name Date Offent Signature	Client Name	Client Signature I	Date
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