



Veterinary Release and Durable Power of Attorney

Customer's Full Name _____

EID or passport number and country _____

(Number, Building, Street)

+ (_____) _____
(UAE Telephone)

_____, UAE
(Community, City, Emirate, Country)

+ (_____) _____
(Telephone at Destination)

Emergency Contact _____ + (_____) _____
(if we are not able to reach you)

TO WHOM IT MAY CONCERN

I hereby authorize the attending veterinarian to treat any of my pets as listed here:

Name _____

Microchip number _____

Name _____

Microchip number _____

Name _____

Microchip number _____

Name _____

Microchip number _____

Name _____

Microchip number _____

I accept full responsibility for all fees and charges (limited to _____ AED) incurred in the treatment of any of my pets. Any additional charges must be confirmed with me by email or telephone by the attending veterinarian before proceeding.

The Pet Sitter is authorized to transport my pet(s) to and from the veterinary clinic for treatment or to request "on-site" treatment if deemed necessary. If I cannot be reached in case of an emergency, the Sitter shall act on my behalf to authorize any treatment excluding euthanasia. This authorization shall remain in effect from the date of signature until I provide written proof of its revocation.

Your Signature

Today's Date