

For the use of authorised veterinary or human medicines outwith their data sheet recommendations (ie ‘off-label’) or specially prepared unauthorised medicines (‘special order products’) or medicines imported from another country under a Special Treatment Authorisation, during the lifetime care of an animal at this practice.

Practice Name & Address	

Details of Owner

Address:

Tel (Home):

Tel (Work):

Tel (Mobile):

Name:

Breed:

Colour:

Species:

Sex: M / F / NM / NF

Age:

Other Identification: Microchip/Tattoo/Brand/Ring/Other ...

Any relevant clinical history or special precautions:

I understand that while the animal described above is under the care of this veterinary practice there may be occasions when it will be necessary to use authorised human or veterinary medicines (or specially prepared unauthorised medicines or medicines imported from another country under a Special Treatment Authorisation) not authorised for use in * or which are authorised for use in this species but not for the particular condition for which the treatment will be given.

*
INSERT SPECIES

I have been made aware that there may be known or unknown side-effects associated with the use of these drugs and, in giving permission for their use, accept any attendant risks.

I am over 18 years of age.

Signature of Owner/Agent:

Date:

If Agent

Name:

Address:

Relationship to owner: