

Consent to use Credit for Veterinary Expenses

Surname: _____

First Name/s: _____

Postal Address: _____

Email Address: _____

Holiday Contact Number/Emergency Contact Number:

Pets Name:

1. _____ Breed: _____ DOB: _____

2. _____ Breed: _____ DOB: _____

3. _____ Breed: _____ DOB: _____

4. _____ Breed: _____ DOB: _____

5. _____ Breed: _____ DOB: _____

Does your Pet have Pet Insurance? Yes No

If yes, please provide a copy of claim form & Policy #, to be kept on file

I GIVE PERMISSION TO NORTHSIDE PET RESORT TO ALLOW ALL PERSONAL INFORMATION AND ANY TREATMENT INFORMATION AND OUTCOMES REGARDING MYSELF AND ABOVE NAMED PETS TO BE GIVEN TO OR RECEIVED FROM A DULY LICENSED VETERINARIAN WHILST IN THEIR CARE.

I HEREBY CONSENT THE USE OF THE FOLLOWING CREDIT DETAILS FOR USE AS PAYMENT FOR ANY VETERINARY ADMINISTERED TO THE ABOVE ANIMALS WHILST IN THE CARE OF :

NORTHSIDE PET RESORT

557 BURPENGARY ROAD, NARANGBA QLD 4504

PH: 3888 1200 MOB: 0452 504 557

EMAIL: northsidepetresort@hotmail.com

We Northside Pet Resort are not liable if your Pet becomes ill/injured in an accident in our care. It is also up to you, as owner to prevent your pet against flees/ticks.

DO YOU WISH TO HAVE YOUR PET OPERATED ON IN AN EMERGENCY?

YES NO

DO YOU WISH TO SEEK MEDICAL TREATMENT FOR YOUR PET?

YES NO

SIGNATURE: _____

YOUR EMERGENCY CONTACT MUST KNOW YOUR WISHES;

(IE: Euthanasia, Cremation etc)

OUR EMERGENCY VETS: Central Narangba Vet and Companion Vet North Lakes

OUT OF HOURS VET: Queensland Veterinary Specialists

MY VET & NO :

BETWEEN DATES: _____/_____/_____ AND _____/_____/_____

CREDIT CARD DETAILS:

CARD TYPE: VISA MASTERCARD

CARD NUMBER: _____

EXP DATE: _____/_____

CVV: _____

SIGNED: _____

PRINT NAME: _____

Date: _____/_____/_____

**This document will be shredded upon departure of your pet from
Northside Pet Resort after the specified date.**

*******THIS FORM IS COMPULSORY*******