

NATIONAL PET EXPRESS



NATIONAL PET
EXPRESS
Maritime House
14-16 Balls Road
Birkenhead
Wirral
CH43 5RE

LETTER OF AUTHORITY

I _____ of _____

Confirm that I authorise **NATIONAL PET EXPRESS and its employees** to act on my behalf in all matters relating to my pet(s). This includes the signing of consent forms for anaesthesia or operations and even the euthanasia of my pet(s) should this be necessary.

Agents Name: **NATIONAL PET EXPRESS**

Address: **Maritime House
14-16 Balls Road
Birkenhead
Wirral
CH43 5RE**

Signature for the Agent _____

Print name _____

Clients Signature _____

Clients Name _____

Description of pet(s) _____