

# Emergency Animal Care Authorisation form

'I grant permission to provide details of my situation to the people listed on this card and, as a last resort, to RSPCA'.

Residents name: \_ \_ \_ \_ \_

Phone Number: \_ \_ \_ \_ \_

Address: \_ \_ \_ \_ \_

Number of animals: \_ \_ \_ \_ \_

Special instructions: \_ \_ \_ \_ \_

Emergency contact info: \_ \_ \_ \_ \_

The key for entry is located: \_ \_ \_ \_ \_

Signed:  Date: \_ \_ \_ \_ \_

Thank you for caring. **RSPCA** ☎ 1300 4 777 22



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