

AUTHORISED AGENT FORM

This form allows you to nominate another person to act as your Agent. By completing this form you are authorising your Agent to make decisions on your behalf with decisions relating to your animals under the care of Maraboon Rural Veterinary Services (MRVS). This extends to financial authority. If you authorise your Agent to sign on your behalf, you as the owner, accept full responsibility of all costs.

If you wish to nominate more than one Agent, please complete a separate form for each Agent.

Client Details

Client Name: _____
Client Address: _____
Client Phone: _____ Client Email: _____
Client Number (if known): _____

Agent Details

Agent Name: _____
Agent Address: _____
Agent Phone: _____ Agent Email: _____

Declaration by Client

To sign this form you must be the client or their registered Primary Agent. **Note Primary Agents cannot authorise other Primary Agents.** It is an offence under s. 136. 1(1) of the Criminal Code Act 1995 to make a false or misleading statement or omission.

I, the client holder of this form;

- Apply to have the person specified in this form appointed to act on my behalf for the purposes as specified, and
- Acknowledge that I will be bound by all acts of omissions of this Agent so appointed until written notice of revocation of the Agent's authority is received by MRVS, and
- Declare that the information provided on this form is, to the best of my knowledge, true and correct

Client Full Name: _____

Signature: _____ Date: _____

Declaration by Agent

It is an offence under s. 136. 1(1) of the Criminal Code Act 1995 to make a false or misleading statement or omission.

I, the appointed Agent detailed in this form;

- Apply to be registered to act for and on behalf of the client for the purposes as specified in this form, and
- Acknowledge that I may be liable personally under the Act or to the Principal for unlawful actions as an agent, and
- Declare that the information I have provided on this form is, to the best of my knowledge, true and correct

Agent Full Name: _____

Signature: _____ Date: _____