



ANIMAL HEALTH LABORATORIES		Version No.:	04
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Approved by:	Dr C.J.Fernandez	Last revised:	19 Nov 2009
Signature:	<i>[Signature]</i>		

POST-MORTEM EXAMINATION LETTER OF AUTHORISATION (ANNEX A)

(Note: This form may take you up to 5 minutes to complete)

Owner's Particulars	Authorized Representative Particulars
Name:	Name:
Address:	Address:
Telephone: (Home): (HP): (Work):	Telephone: (Home): (HP): (Work):
Fax:	Fax:
IC/Passport no.	IC/Passport No:

Animal's Particulars	
Pet's name:	Breed:
Microchip No:	Age:
AVA License no.:	Gender:
Species:	Color:

I (Name) _____, the legal and designated owner of the above-mentioned animal, irrevocably appoint and authorize (Name and Signature) _____ to

- act, execute and sign the Animal & Plant Health Laboratories (APHL), Agri-Food & Veterinary Authority of Singapore (AVA) Post-Mortem Examination Consent Form on my behalf.
- act, execute and sign the Animal & Plant Health Laboratories (APHL), Agri-Food & Veterinary Authority of Singapore (AVA) Release of Animal Carcass Form on my behalf.

I hereby ratify and confirm, and agree to ratify and confirm whatever my authorized representative shall do in exercise of all or any of his/her authority referred to above.

I understand and accept that my authorized representative shall abide by and be subject to the same terms and conditions as set out by APHL, AVA, for the purpose of the post-mortem examination, the release of the above-mentioned animal carcass remains and anything that is related to or in connection therewith.

Date & Time

Owner's Signature