



welfare of the animal comes
first and last



Since 1984

有關領取受管制藥物的更改

Changes to Collection of Controlled Medications

從 **1/12/2016** 起，為符合香港法例 134 章及 134 章 A，當領取下列受管制藥物時登記主人必須 **出示身份證**（或其他有效身份證明文件（如非香港居民））以作登記：

Effective from **1/12/2016**, registered owners must **present his/her identity card** (or other valid identity documents if not a Hong Kong resident) for registration when collecting the following controlled medications in order to fulfill law requirements as stipulated in Ordinance Cap134 and Cap134A:

- **Diazepam (Sedapam) 5mg Tab**
- **Diazepam(Sedapam) 2mg Tab**
- **Diazepam (Stesolid) 10mg Rectal Tube**
- **Diazepam (Stesolid) 5mg Rectal Tube**

（如登記主人選擇委託他人領取以上藥物，取藥時則必須出示登記主人簽署的授權書。授權書範本可於太平道寵物診所網頁下載。）

(If a registered owner appoints a person to collect the above medications on their behalf, an authorization letter signed by the registered owner should be produced when collecting the medications. A sample of the authorization letter can be downloaded on the PAVC website.)

多謝您的合作。

Thank you for your cooperation.

21/11/2016 11:11:50
Peace Avenue Veterinary Clinic
G/F, 7B, Liberty Avenue, Kowloon
Tel: 3650 3000 Visit: 2034600
Vet: S Invoice:
Client: CHAN TAI MAN
Client No: 98765
Patient: KA KA Breed: British Short Hair

Diazepam (Sedapam) 5mg Tab** x 1.00
鎮靜劑(動物專用)
每日()次, 每次()粒
() tablet(s), () times a day

For animal use only.
To ensure optimum quality of drugs, medication dispensed cannot be returned for refund.
動物專用
為確保藥物質素，已配出之藥物，將不予退款。

藥物名稱 Drug Name

平道寵物診所

Peace Avenue Veterinary Clinic



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授權書

登記號碼: _____

寵物名稱: _____

本人 _____ [登記主人姓名] (_____ [登記主人身分證號碼])

現授權 _____ [取藥者姓名] (_____ [取藥者身分證號碼])

代替本人於太平道寵物診所領取以下受管制藥物(請刪去不適用者):

Diazepam (Sedapam) 5mg Tab / Diazepam(Sedapam) 2mg Tab /
Diazepam (Stesolid) 10mg Rectal Tube / Diazepam (Stesolid) 5mg Rectal Tube

登記主人簽署: _____

授權人簽署: _____

日期: _____

日期: _____

Authorization Letter

Client Number: _____

Patient Name: _____

I, _____ [Registered Owner's Name]
(_____ [Registered Owner's ID Card No.]),

hereby authorize _____ [Collector's Name]
(_____ [Collector's ID Card No.]

to collect the following drug(s) at the Peace Avenue Veterinary Clinic on my behalf (Cross out drugs not applicable):

Diazepam (Sedapam) 5mg Tab / Diazepam(Sedapam) 2mg Tab /
Diazepam (Stesolid) 10mg Rectal Tube / Diazepam (Stesolid) 5mg Rectal Tube

Signature of
Registered Owner: _____

Signature of
Authorize Collector: _____

Date: _____

Date: _____

太平道寵物診所
Peace Avenue Veterinary Clinic