

## 有關領取受管制藥物的安排

### Collection of Controlled Medications

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：

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 CityU VMC website.)

多謝您的合作。

Thank you for your cooperation.

17/10/2019 17:49:05 CityU Veterinary Medical Centre Tel: 3650 3000 Vet: RYT Visit: 2684164 Client: CHAN (TEST) SIU MING Client No: 42426 Patient: Incomplete Visit Breed:	藥物名稱 Drug Name
:#### Diazepam (Sedapam) 5mg Tab** x 1.00 鎮靜劑(動物專用) Tranquilizer	
每日( )次, 每次( )粒 ( ) tablet(s), ( ) times a day	
For animal treatment only. Please contact your veterinarian immediately if your pet experiences side effects from the drug. 祇限醫治禽畜用 用藥後如出現不良反應, 請立刻與獸醫聯絡。	
P: _____ C: _____ D: _____	

## 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「城大動物醫療中心」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 **CityU Veterinary Medical Clinic (CityU VMC)** 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: \_\_\_\_\_