Name of cat/dog: Male/Female Neutered Y/N Age

Name of owner:		
Address:	Home tel no:	Mobile tel no:
Name and mobile number of alternative Contact:		
Vet: Microchip no:		
DATE OF LAST VACCINATIONS:		
DATE OF LAST WORMING/FLEA TREATMENT:		
Date of arrival:	Date of collecti	on:
Any other comments i.e. medical conditions, current/recent veterinary treatment.		
Feeding instructions:		
Items brought in by owner:		
I agree that is case of illness the kennels veterinary surgeons (Shires Vets, Stafford) will be consulted and if necessary called upon to carry out such treatment as they consider advisable. Should this be in connection with any on-going or existing medical problem the kennels insurance cover will be invalid. Whilst every care is taken all animals are left at the owners discretion and at their own responsibility and risk.		

Date.....

signed.....