

CLIENT DETAILS

A

CLIENT NAME (IF JOINT OWNERS PLEASE INDICATE PREFERENCE FOR ALPHA SORT PURPOSES)		DATE COMPLETED (YMMDD)
PHYSICAL ADDRESS (COMPULSORY)	TELEPHONE: HOME	
	WORK	
	CELL (MAIN CONTACT)	
	CELL (ALTERNATE)	
		ALTERNATE CONTACT NAMES / NUMBERS WHILE YOU ARE AWAY.
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)	EMAIL ADDRESS	
		FAX OR SKYPE NUMBER
		HOW DID YOU HEAR ABOUT CAMELOT KENNELS?
		WHEN DID YOU START USING OUR KENNELS?
VET – PRACTICE AND ADDRESS,		PRACTIC NUMBER OR EMAIL
NAME OF PREFERRED VET		MOBILE NO

PET DETAILS

B

NAME OF PET		<u>SEX</u> MALE / FEMALE
DATE OF BIRTH OR ESTIMATE (MUST BE A DATE)		<u>STERILIZED</u> YES / NO
BREED		WEIGHT IN KG
LONG OR SHORT HAIR		PREDOMINANT COLOUR
LIST OTHER COLOURS OR DISTINCTIVE MARKINGS		
PLEASE INSERT OR ATTACH SMALL PICTURE IN JPEG FORMAT		BEHAVIOUR PROBLEMS IF ANY
VACCINATION RECORDS – PLEASE ATTACH SCANNED COPIES OF LATEST VACCINATIONS	DATE OF LAST VACCINATIONS	KENNEL COUGH/SNUFFLES

B

NAME OF PET		<u>SEX</u> MALE / FEMALE
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