**Date:** YYYYMMDD

**D A T A B A S E - C L I E N T S D E T A I L S**

**Client name:** if joint owners please indicate preference for alpha sort purposes

**Client ID or passport number:**

**Physical address:**

**Telephone: (H) (W)**

**Cellphone: (main) (alternative)**

**Alternative contact names and numbers while you are away:**

**Postal address:** if different from above

**Email: Fax/Skype:**

**How did you hear about Camelot Kennels?**

|  |  |  |
| --- | --- | --- |
| **When did you start using our kennels:** |  | |
| **Do you wish us to publish photos of your pets on our Facebook?**  (please note this service is subject to having time available and cannot be guaranteed) | Y | N |
| **Do we have your permission to call your vet in an emergency?**  (please refer our website for more information - form cam/ma.2) | Y | N |

**Vet – practice and address: Vet – contact number and email:**

**Name of preferred vet: Contact:**

**CHECKLIST FOR REQUIRED DOCUMENTS TO SEND WITH YOUR COMPLETED FORM:** Please tick off

Copy of ID: Y N