

# Studholme Kennels & Cattery Registration

---

## YOUR CONTACT INFORMATION

First Name  Last Name

Address

Town  Postcode

Phone  Email

Alt Phone

Emergency contact info

---

## LOCAL EMERGENCY CONTACT INFORMATION

First Name  Last Name

Address

Town  Postcode

Phone  Email

Alt Phone

If multiple pets, is the same contact to be used for all pets?

---

## REGISTERED VETERINARY CONTACT INFORMATION

Name

Address

Town  Postcode

Phone  Email

If multiple pets are all registered to the same vet?

Pet Name	Sex	M / F	Age / DOB
	Type	Dog / Cat / Rabbit / Other:	
Breed / Description	Microchip Number	Neutered	
	Last Flea/Tick/Worm treatment	Y / N	
Insurance company	Policy No		
Special diet, behaviours, medical history, medication, ect	Postcode	Town	
	Email	Phone	
		Alt Phone	

Pet Name	Sex	M / F	Age / DOB
	Type	Dog / Cat / Rabbit / Other:	
Breed / Description	Microchip Number	Neutered	
	Last Flea/Tick/Worm treatment	Y / N	
Insurance company	Policy No		
Special diet, behaviours, medical history, medication, ect	Postcode	Town	
	Email	Phone	
		Alt Phone	

Pet Name	Sex	M / F	Age / DOB
	Type	Dog / Cat / Rabbit / Other:	
Breed / Description	Microchip Number	Neutered	
	Last Flea/Tick/Worm treatment	Y / N	
Insurance company	Policy No		
Special diet, behaviours, medical history, medication, ect	Postcode	Town	
	Email	Phone	
		Alt Phone	

If more space required please continue in the notes section

## Terms & Conditions

By ticking this box I allow my pets of the same species to share appropriate accomodation for this and all future stays (if left unticked pets will be in seperate accomodation) please make any special instructions in the notes section below.

I the undersigned agree that for this and all future stays the following terms and conditions apply:

I give Studholme Kennels permission to take any pet to their own registered Veterinarian if they deem that they require treatment.

I agree that I am liable to cover all veterinary fees that may be incurred and should an insurance claim be made it is my responsibility to make such a claim on my return.

I agree that Studholme Kennels have full responsibility to approve any treatment necessary using the guidance of a veterinarian, and although they will try to contact us for consultation the ultimate decision will be made by them for the animals well-being and in the case of an emergency, treatment may be authorised before contact is made, with either myself or the local contact, to prevent unnecessary suffering.

In the unfortunate event that it is advised by a Veterinarian to euthanise an animal, Studholme Kennels have full permission to approve this procedure in my absence. Although every effort will be made by Studholme Kennels to contact myself and the local emergency contact the animals welfare comes first and euthanasia may occur even if it has not been possible to make contact first, either due to being unable to make contact or to prevent unnecessary suffering.

Full payment will be made on checkout.

I understand that charges are made by the day and are inclusive of the day of check in. The final day of the stay is free until midday. If I collect my animals after midday I will be charged for that day.

Name:

Signed:

Date:

## Notes and special instructions

If multiple pets, is the same contact to be used for all pets?  Y  N

### REGISTERED VETERINARY CONTACT INFORMATION

Name

Address

Town

Postcode

Phone

Email

If multiple pets are all registered to the same vet?  Y  N