



## Registration Form

Breed:.....

Pet name:..... Gender:..... Neutered: ...Yes...No..

Date of birth:.....

Microchip number:.....

Name of Owner or Guardian responsible for the dog:.....

Address:.....

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Post code:.....

Contact numbers:.....

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Email address:.....

Date and name of latest vaccinations:.....

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Food preferred:.....

Possible remarks to feeding:.....

Medication:.....

Your vet's contact details:.....

I confirm that I agree to The Iggy Haven Terms and Conditions as licensed with the West Somerset Council, licence no. LN/6364.

By signing below, I agree to my dog/s being boarded with the Licensee's resident Italian Greyhounds - and any other dog guests at The Iggy Haven.

I also agree to the Licensee acting as agent to liase with the White Lodge Veterinary Clinic, Stephenson Rd. Minehead, TA24 5EB, for any queries or treatment, should the necessity arise during my dog's stay at The Iggy Haven.

Name in capital letters:.....

Signed:..... Date:.....

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