***FOR YOUR CONVENIENCE, ONCE WE HAVE ALL YOUR INFORMATION ON OUR DATABASE***

***YOU WILL ONLY HAVE TO COMPLETE THE BOOKING FORM***

***PLEASE TYPE IN ALL FIELDS (ONLY ONCE) TO ENABLE US TO ADD YOUR INFORMATION TO OUR DATABASE.***

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**REGISTRATION WITH ELIZABETH KENNEL'S & CATTERY POLOKWANE**

PLEASE FILL IN **ALL FIELDS (ONLY ONCE)** TO ENABLE US TO ADD YOUR INFORMATION TO OUR DATABASE.

Please also send us Pictures of your pets (**Only Once**) – we will save this to our database to help us identify your pets should we need to.

People bringing pets without arrangement and not being on our Database, makes it difficult to link a pet to a customer without proper information & Pictures.

**NB!**

**PLEASE ENSURE THAT YOU READ THE TABS ON OUR WEBSITE: (**BOARDING FOR DOGS**)  (**BOARDING FOR CATS**)  THIS IS EXTREMELY IMPORTANT , ENSURE THAT YOUR PETS COMPLY TO THE REQUIREMENT ,**

**REGARDING, YEARLY INJECTIONS AND INOCCULATIONS AGAINST DISEASES AS REQUIRED BY LAW, AND THIS IS ALSO THE MINIMUM REQUIREMENT AT ELIZABETH DOG KENNEL'S & CATTERY POLOKWANE.**

**PLEASE ENSURE THAT YOU COMPLY TO THIS REGULATION AND BRING US AN UPDATED COPY OF THE NECESSARY PROCEDURES THAT WAS DONE FOR EACH OF YOUR PETS.**

**PET'S THAT DO NOT COMPLY WILL BE TURNED AWAY - THE RISK TO YOUR PET’S, OTHER PEOPLE'S PET'S AND THE HEALTH OF: ELIZBETH KENNEL'S AND CATTERY POLOKWANE, IS OF UTMOST IMPORTANCE TO ALL OF US.**

**BY COMPLETING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AND THAT YOUR PETS COMPLY WITH THE REQUIREMENTS, STIPULATED ABOVE.**

|  |  |
| --- | --- |
| Arrival Date |  |
| Departure Date |  |

|  |
| --- |
| Client Details |
| ID Number |  |
| Name |  |
| Surname |  |
| Cell (1) |  |
| Cell (2) |  |
| Email Address |  |
| Physical Address |  |
| Line 2 (Suburb and City) |  |
| Code |  |
| Postal Address |  |
| Line 2 |  |
| Code |  |
| Veterinarian |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SIZE | BREED | PET NAME | GENDER | ANY PET INFORMATION |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |