

# Rabbit ReReat

Owner(s) name(s) :

Name of rabbit/guinea pig(s) :

Sex:

Home address:

Home Tel. No.

Mobile. No.

E-mail address (optional):

Age of rabbit/guinea pig(s):

Description of rabbit/guinea pig e.g. breed, hair colour/type, distinguishing features:

Spay/neuter status:

## **FEEDING AND OTHER REQUIREMENTS**

Preferred food (including treats):

Food your rabbit/guinea pig dislikes:

Bedding/ litter preferences (you may bring your own bedding):

Toys/grooming equipment to be brought in:

Special needs e.g. grooming:

## **HEALTH STATUS**

Name of rabbit/guinea pigs own vet:

Tel.No. of rabbit/guinea pigs own vet:

Please give dates and details of most recent vaccinations/boosters :

**You must bring your vaccination record card with you and rabbits/guinea pigs must be vaccinated at least seven days prior to boarding - without this we cannot board your rabbit guinea pig.**

**THE VACCINATION CARD HAS BEEN CHECKED**

Details of other current or recent medical treatment/illness which may be relevant:

Name of type of medication, dosage amounts and regularity, availability of further supply if necessary:

**Signed:**

**Date:**

**VACCINATION RECORD:**

***AUTHORISATION FOR VETERINARY TREATMENT***

Owner(s) name(s):

Owner(s) address:

Rabbit/guinea pigs name:

I give permission for flea treatment to be given if necessary. I agree that in the in the case of suspected illness, a veterinary surgeon may be contacted, my rabbit/guinea pig examined and investigations performed if required (e.g. blood tests, X-rays).

I agree to Dolbeare Cattery administering any prescribed treatments the vet considers advisable. Any costs for necessary treatments will be added to my bill if not covered under Pet Plan Insurance. I also give consent for euthanasia should this be recommended on humane grounds by the veterinary surgeon caring for my rabbit/guinea pig, in consultation with my own veterinary surgeon and/or contact person. I have discussed the options for dealing with the rabbit/guinea pig with the cattery proprietor.

**SIGNED:**

**DATE:**

*Please note - your personal information is for use by **Dolbeare Cattery only**. We will not share your personal details with any third party for marketing purposes, and will only share your data if necessary in the case veterinary emergency. We will only contact you if necessary, or in the case of needing to update you with regards to our business, i.e. opening hours, prices etc. We only keep your details in a single paper copy and do not keep them on a computer database - these paper copies are only held until you cease to be a customer with us, after which point we will shred the copy.*

***If you are happy for us to contact you under these terms please sign:.....***

*— thank You —*