

MAIN CLIENT CONTRACT



BLUE FERRET BOARDING

8 Masefield Crescent
Sunnybrow
Crook
DL15 0NW

Owner's Name:	
Pet(s) Name(s):	
Address:	
Postcode:	
Home telephone:	
Mobile telephone:	
Email address*:	

*If you would like to sign up to our forthcoming ferret blog!

EMERGENCY CONTACT DETAILS

Should we not be able to contact you, please list a person who can make a decision concerning your pet, in your absence.

This could mean a decision regarding medical treatment such as emergency or euthanasia. Please ensure your named person knows you have nominated them.

Name:	
Relationship:	
Telephone:	
Mobile:	

VETERINARY AUTHORISATION

We use Castle Veterinary Surgeons: South Church Ind. Est or Barnard Castle branches
OR
CATHERINE PIGGOTT MRCVS at her current veterinary practise.

- During my absence, I have given permission for KYLE FIRKINS & HANNAH WIGGINS to act as a guardians for my pets named above.
- I authorise the ABOVE NAMED vets to treat my ferret(s) in the case of any illness.
- Please take any action suitable in order to keep my pets in good health: I am responsible for any vets charges that may be incurred.
- I give the pet carers permission to transport the above pets to the named vets.
- I agree that in the event of surgery or euthanasia the pet sitter will accept the advice of the vet and the above emergency contact will be contacted.

Signed _____ Date _____