

Patch's



Consent Form

Where we work together

Name:

Address:

Home Phone:

Work Phone:

Mobile phone

Emergency Contact

Name

Telephone

Address

Vet Details

Name

Telephone

Address

I hereby confirm that I am the owner of the named dog and that I agree to pay the daily rate or adhere to the cancellation policy and that I authorise Patch's Day Care to act on my behalf in my absence and take any action needed in order to protect and look after my dog. I will be responsible for any costs which might take place either Vet or other as a result of sickness, accident or damage which may involve my dog. I will pay any such costs on demand. I also understand that no liability will be attached to Patch's Day Care.

Signature:

Print Name

Date:

By signing this consent form this covers Patch's for a calendar year period.

Phone:07976518468 Email: patchscopycare@hotmail.co.uk