



Apple Tree Holiday Hutches Registration Form

Name: _____

Address: _____

Contact Number (Normal): _____

Contact Number (Emergency): _____

Email address: _____

Collection Date: _____

Collection Time: _____

Extra Services (Costs apply)

Nail Clipping Required? Yes / No; Pet Bath Required? Yes / No

Please complete pet details overleaf, and then read and sign declaration below.

I confirm that the information provided here is correct to the best of my knowledge. I accept all responsibility for any consequences of the information being incorrect. Apple Tree Holiday Hutches will make every effort to contact the named owner to consult on any decisions which need to be taken regarding the health and well-being of the pets detailed above. A fully qualified vet will also be consulted as appropriate. I allow representatives of Apple Tree Holiday Hutches to take decisions on the health and well-being of the pets detailed above, and accept that I will be liable for all costs incurred from such decisions. I accept that I will be liable for any costs incurred by late collection of the pets detailed above. If the pets are not collected, then re-homing charges will be charged to the owner, and collected through legal action if necessary.

No responsibility will be taken for any consequences of incorrect gender information provided by the owner. You will be liable for any costs incurred due to pregnancies caused by incorrectly sexed animals.

Signed: _____

Name: _____

Date: _____

Pet 1

Name: _____

Type: _____

Gender: Male/Female/Neutered (delete as applicable).

Special Dietary Requirements: _____

Medical Requirements:

Any Other Information:

_____**Pet 2**

Name: _____

Type: _____

Gender: Male/Female/Neutered (delete as applicable).

Special Dietary Requirements: _____

Medical Requirements:

Any Other Information:

Pet 3

Name: _____

Type: _____

Gender: Male/Female/Neutered (delete as applicable).

Special Dietary Requirements: _____

Medical Requirements:

Any Other Information:

_____**Pet 4**

Name: _____

Type: _____

Gender: Male/Female/Neutered (delete as applicable).

Special Dietary Requirements: _____

Medical Requirements:

Any Other Information:

