

Holiday Contract

Cat owner:	Emergency contact:
First name:	O Owner
Surname:	O Others
Phone number:	Name:
E-Mail:	Telephone number:
	O Call owner (Decision-making power lies with the owner)
	O Decision-making power lies with the carer of the
	Margin Veterinary Clinic.
	O Inform owner immediately
	O Inform owner at pickup
Parasite control Flea treatment must have been administered w	red within the last 12 months prior to boarding house stay.
_	orming
Payment The amount due must be paid in cash or by care For a stay of more than 4 weeks, half of the am In the event of earlier collection, the booked da	
Check-in time: Mon-Fri: 3pm – 5pm, Sat: 2pm - Check-out time: Mon-Sat: 10am -12pm, Sun: cl	• •
In case of early or late check-in/check-out we	have to charge you an additional day.

Signature of the cat owner:

Date: