



# AUCKLAND KENNEL & CATTERY

## CUSTOMER REGISTRATION

Please complete the following form to register with us.

### PET OWNER'S DETAILS:

Your Full Name:
Authorised Representative:

### YOUR CONTACT DETAILS:

Address:		
Mobile Phone:	Home Phone:	Work Phone:
Email Address:		
Emergency Phone Contact in NZ:		Emergency Phone Contact Overseas:
How did you find us?		

### YOUR PET'S DETAILS:

Pet's Name (1):		Sex:	Age:
Cat/Dog:	Breed:		
Spayed/Neutered:			
Medication/Diet/Allergies:			
Behavioural Problems:			
Vet's Name and Location:			
Pet's Name (2):		Sex:	Age:
Cat/Dog:	Breed:		
Spayed/Neutered:			
Medication/Diet/Allergies:			
Behavioural Problems:			
Vet's Name and Location:			

By signing below you are accepting our Terms and confirming that you have received a copy of them. All our services are provided under our attached Terms which also appear on our website.

Signed by the Pet Owner:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_