Cleb's Med

« Chez Oscar » : 0477/ 78 07 621 « Chez Edouard » : 0472/ 63 78 95



## Contract for Dog / Cat

Owner		
Name :		First Name :
Adress:		
City:		
Phone :		
Contact person o	during your ab	sence
Name :		First Name :
Phone :		
Person responsi	ble for retrievi	ng the animal
Name :		First Name :
Phone :		
Dog / Cat		
Name :		Breed :
Age :		Gender :
Microchip:	oui / non	Chip number:
Vétérinarian :		Phone :
<ul><li>Dog : Diste</li><li>Cat : Typh</li></ul>	emper-Hepatitis-Lep lus–Coryza, Leukosis	
-	•	ne animal refuses to take its medication.
Would you like your ar	iimal to be placed wi	ith other dogs (if possible)? yes / no
Stay		
Check-in date:		Check-out date :
Number of days:	X	€ = €
always charged. The de case of stay cancellatio It is clearly understood Outside of school holid	eparture day is not cl in. I and accepted by the lays, 30% of the rem 5 days, and 100% be	will be paid upon the retrieval of the animal. The day of arrival of the animal is harged if the animal leaves before 12 p.m. Any deposit paid is non-refundable in e owner that the full stay is due once the deposit is paid during school holidays. aining amount will be due if the boarding is notified at least 1 month in advance, etween 14 days and the arrival date of the animal. An early pick-up of the stay.
Cleb's Med signature	:	
Date :	Ov	vner's signature :