



Holiday Form

I (Title) _____ (First Name) _____ (Last Name) _____

of (Address) (No.) _____ (Street Name) _____

(Suburb) _____ (State) _____ (Postcode) _____

Phone Number: (Home) _____ (Work) _____ (Mobile) _____

Email: _____

Animals Names: _____

Does the animal have any medical conditions: _____

Medications: _____

Dates away: _____

CARER'S DETAILS

I (Title) _____ (First Name) _____ (Last Name) _____

of (Address) (No.) _____ (Street Name) _____

(Suburb) _____ (State) _____ (Postcode) _____

Phone Number: (Home) _____ (Work) _____ (Mobile) _____

Email: _____

How will the account be paid (Please select one):

Option 1: Carer pays account

Option 2: REMIT CREDIT CARD DETAILS:

Accepted: MASTER VISA

Card Type: Visa MasterCard

Other Card Type _____

Name on card: _____

Card Number: _____

Signature: _____ \$ _____

Exp. Date: __/__/__ CVN: _____

Option 3: CHEQUE PAYABLE TO:

Sugarland Animal Hospital

PO Box 5477 Bundaberg West 4670

Budget/Dollar Limit: \$ _____

In the case of an emergency, I agree to the Veterinarian to use best practice and do everything in their power to save my animals life. This will incur additional fees. Please let the staff know if you do not want your animal resuscitated. I also agree that the Veterinarian/Carer can make the judgement call for when euthanasia is required.

Applicant acknowledges that all information given is true and correct and agrees to all Terms & Conditions.

Name: _____

Date: ____/____/____

Signature: _____