

# Wheels Away- Small Animal Boarding Care Plan - Rabbit

Owners name:

Address:

Telephone Number:

Emergency Contact Number:

Animal's vets telephone number:

Type of Rabbit:

Name(s), ages and descriptions:

1)

2)

Known health problems:

Daily routine:

Am -

Pm-

Likes and dislikes -

Inspection of animal on arrival:

Date of Myxomatosis inoculation:

Date and time of arrival:

Date and time of collection:

Fee including any extras:

STATEMENT: We will treat minor illnesses to the best of our knowledge and according to direction from the Cambridge Cavy Trust. However if an acute illness occurs then we will make immediate appointments with our local vets. We wish you to agree that on your return you will reimburse the fees.

*Your animal will be cared for to the best of our ability however we cannot be held responsible if your pet gets ill or dies while in our care.*

Signature:

Date:

