

Certificate of recommendation from veterinary surgeon for applicant for membership of the West of Scotland Cat Club

This is to confirm that

NAME: _____ of

ADDRESS: _____

is a client of the following veterinary practice

(Name and Address of Practice)

and in my opinion, there is no reason why the above person should not be accepted as a member of the West of Scotland Cat Club

Signature of veterinary surgeon:

Practice stamp:

Please return this completed form to the West of Scotland Cat Club Membership Secretary with your Membership Application