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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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is a client of the following veterinary practice

*(Name and Address of Practice)*

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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:***

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***Practice stamp:***

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