SIAMESE CAT JOINT ADVISORY COMMITTEE

GCCF JUDGE APPOINTMENT SCHEME EVIDENCE OF VETERINARY TUITION

NAME OF STEWARD:
* I have stewarded for the whole day for the Duty Veterinary Surgeon
NAME OF SHOW: DATE:
SIGNATURE OF DUTY VETERINARY SURGEON:
NAME OF VETERINARY SURGEON:
ADDRESS:
* OR
I attended the following Seminar at which there was tuition on the "Veterinary Defects":
SEMINAR RUN BY:
SIGNATURE OF SEMINAR ORGANISER:
* I understand the "Veterinary Defects" / I wish to receive further tuition. (* please delete as appropriate)
SIGNED: DATE:
PLEASE RETURN THIS COMPLETED FORM TO THE SCJAC SECRETARY: Mrs Sue Dalton-Hobbs Clematis Cottage, 48 Boundstone Rd, Boundstone, Farnham GU10 4TR. Email: scjacsec@outlook.com

Form 3 Feb 2020