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DATA PROTECTION NOTICE AND PERMISSION TO HOLD CONTACT DETAILS FOR ALL CLIENTS

TO COMPLY WITH THE CURRENT LEGISLATION ON DATA PROTECTION WE MUST TELL YOU WHAT PERSONAL DATA WE HOLD ON YOU, WHY WE HOLD IT AND HAVE YOUR PERMISSION TO RETAIN IT WE STORE DATA ABOUT OUR CLIENTS TO ENSURE WE CAN CONTACT THEM BY MAIL, TELEPHONE OR EMAIL.

- 1 IN AN EMERGENCY
- 2 ABOUT BOOKINGS OR APPOINTMENTS
- 3 TO TAKE DEPOSIT/BOOKING PAYMENT

ANY DATA WE HOLD WILL NOT BE PROVIDED TO ANY OTHER PERSON OR BUSINESS EXCEPT AS REQUIRED BY LAW

- 1 YOU MAY REQUEST TO SEE ANY PERSONAL DATA WE HOLD ON YOU (WE ARE ALLOWED 30 DAYS TO PROVIDE IT)
- 2 WE ONLY KEEP THE DATA FOR THE REASONS OUTLINED ABOVE
- 3 FOR THE SMOOTH AND EFFICIENT RUNNING OF WAYSIDE KENNELS AND CATTERY WE NEED TO KEEP A RECORD OF
- 4 YOUR NAME
- 5 YOUR ADDRESS
- 6 YOUR LANDLINE AND MOBILE NUMBER
- 7 YOUR EMAIL ADDRESS
- 8 CONTACT DETAILS OF ANOTHER RESPONSIBLE PERSON IN CASE OF EMERGENCY
- 9 YOUR PETS DETAILS
- 10 THE NAME AND TELEPHONE NUMBER OF YOUR VETERINARY SURGEON

FOR US TO BE ABLE TO HOLD THIS INFORMATION WE NEED YOUR PERMISSION, CAN YOU PLEASE SIGN THIS FORM

I AGREE THAT WAYSIDE KENNELS AND CATTERY MAY KEEP THE ABOVE INFORMATION AND CONTACT ME, MY VETERINARY SURGEON OR MY NAMED EMERGENCY CONTACT AS NECESSARY

- 1 IN AN EMERGENCY ()
- 2 TO REMIND ME OF BOOKINGS OR APPOINTMENTS ()
- 3 TO TAKE DEPOSIT/ BOOKING PAYMENT ()

Please tick the above if happy to do so

YOUR FULL NAME _____

YOUR EMAIL ADDRESS _____

YOUR PHONE NUMBER _____

YOUR SIGNATURE _____

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