

Certificate of recommendation from veterinary surgeon for applicant for membership of the Abyssinian Cat Association

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 Abyssinian Cat Association

Signature of veterinary surgeon:

Practice stamp:

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Please return this completed form to the ACA Admin. Secretary with your Membership Application