**NAME OF CUSTOMER:**

Date Collected:............................................ Newmarket Stablecare – 01638 665279/07703785566

Return Date:………………………… Unit 3 Craven Way - Newmarket

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RUG DESCRIPTION | SIZE | SHEET | STABLE | TO | TO & PROOF | HOOD | OTHER | REPAIR  INSTRUCTIONS | NUMBER  (Our Ref) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |