**NAME OF CUSTOMER:**

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

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

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