



## CANCELLATION FORM

*(Please complete and return this form only if you wish to withdraw from the contract)*

To: The Brooke Hospital for Animals, 2nd Floor, The Hallmark Building, 52-56  
Leadenhall Street, London, EC3A 2BJ.

Telephone: 0044 (0)207 470 9393

Fax: 0044 (0)203 012 0156

Email: [info@thebrooke.org](mailto:info@thebrooke.org)

I hereby give notice to cancel my contract of sale for the following goods\*:

### Details of the goods:

Type of goods	
Date of order or receipt of order	

### Personal details:

Name	
Address	
Signature [only required if this form is notified on paper]	
Date	

[\*] Please complete the boxes with details of the goods and your details