



Booking Form



Please complete the contact form below and will be in touch to confirm your booking.

If you have any questions please feel free to ask. You can contact me on

07482 219515

catcarecompany@icloud.com

Client Name *

Address and Postcode *

Email *

Contact Number *

Emergency Contact name and phone number This should be someone in the UK that I can liaise with in your absence, not a person you are travelling with

Emergency Contact Address This should be someone in the UK that I can liaise with in your absence, not a person you are travelling with

Emergency Contact Email This should be someone in the UK that I can liaise with in your absence, not a person you are travelling with

Your Relationship to the above *

Requested check in date *

Requested check out date *

Veterinary Details *

Cats Name *

Cats Sex *

Cats DOB *

Description of Cat / Markings *

Has the Cat been Neutered? * Yes/No

Cats Microchip Number *

What is your cat's behavioural history? *

What does your cat eat *

Is your cat on any current medication? (If Yes please list the medication and bring it with you) *

Which date was your cat last treated for worming? *

Which worming medication do you use? *

Which date was your cat last treated for fleas? *

Which flea medication do you use? *

Neutered/ Spayed? *

Does your cat have Pet Insurance * Yes/No

Insurance company *

Policy number *

Owner consents:

1) If there is evidence of external parasites on my cat during their stay (i.e. fleas, ticks, lice, etc) I give my consent for my cat to be treated with an appropriate product authorised by the Veterinary Medicines Directorate and licensed for use in the UK. Treatment will be discussed with a veterinarian before administering.

I Agree

I Disagree

2) If my cat requires preventative treatment, I give my consent that this is given under the direction of a veterinarian. *

I Agree

I Disagree

3) I give consent for my cat to be taken the following veterinarian should it require treatment: *Vet Name: Reed Veterinary Surgery - London Road, A10, Royston SG8 8BD*

If my cat's own vet (listed on this form) is not available, not local to the cattery or my cat cannot be seen by this vet, I give my consent for my cat to be treated at the vet listed above

I Agree

I Disagree

4) I give consent for any medication described on my booking form, or any medication prescribed to my cat by a vet in my absence, to be administered to my cat by the person caring for my cat.

I Agree

I Disagree

5) The welfare of your cat is our priority. If your cat requires urgent medical treatment, we will endeavour to contact you first. If, for any unforeseeable reason you cannot be contacted and the vet decides that your cat needs to be put to sleep on welfare grounds, do you provide consent for the service provider to provide consent for euthanasia in accordance with the vet?

I Agree

I Disagree

6) (For owners with multiple cats from the same household boarding only)

I give consent that my cats can share the same unit. *

I Agree

I Disagree

N/A

7) (For owners with multiple cats from the same household boarding only) I give consent that if any problems arise from my cats sharing the same unit the cats can be boarded separately. *

I Agree
I Disagree
N/A

8) I give my consent for the service provider to provide enrichment for my cat; this can include use of appropriate toys. *

I Agree
I Disagree

Name:

Signature:

Date:

Please Note – You will be required to email a picture of an up to date vaccination record to catcarecompany@icloud.com

before the booking can be confirmed or brought with you at drop off.