

DATES OF STAY				

NAME OF CAT: .....

SEX OF CAT: .....

NEUTERED YES/NO .....

**PLEASE NOTE: ALL MALE CATS MUST BE NEUTERED IN ORDER TO BOARD**

BREED OF CAT: .....

AGE OF YOUR CAT:.....

OWNER NAME: .....

ADDRESS:.....

.....

PHONE: .....

MOBILE: .....

YOUR EMAIL: .....

PERSON TO ACT ON YOUR BEHALF NAME & PHONE/EMAIL:

.....

IS YOUR CAT INSURED  
NAME/POLICY NUMBER: .....

IS YOUR CAT MICROCHIPPED: .....

YOUR CAT'S OWN VET: .....

ANY CURRENT/RECENT MEDICATION. DOSAGE/REGULARITY: .....

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**FEEDING & OTHER REQUIREMENTS**

YOUR CAT'S PREFERRED FOOD ( INCLUDE ANY TREATS)!

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ANY SPECIAL DIETARY REQUIREMENTS I.E. FED ONCE OR TWICE DAILY?

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HAS YOUR CAT STAYED IN A CATTERY BEFORE?

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ANY OTHER DETAILS ABOUT YOUR CATS CHARACTER YOU CAN THINK OF?!

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*PLEASE NOTE THAT ANY CAT BOARDED AS A FAMILY OR PAIR WILL BE BOARDED IN THE SAME UNIT UNLESS OTHERWISE STATED. IF YOU ARE BOARDING MULTIPLE CATS, DO YOU CONSENT FOR THEM TO BE SPLIT IF THER IS AN ISSUE?. (PLEASE TICK) YES/NO*

YOUR SIGNATURE: .....

**AUTHORISATION FOR VETERINARY TREATMENT**

CAT'S NAME:.....

I GIVE PERMISSION FOR WORM/FLEA TREATMENT TO BE GIVEN IF NECESSARY. I AGREE THAT IN THE CASE OF ANY SUSPECTED ILLNESS, A VETERINARY SURGEON (EITHER MY OWN VET AS STATED OR THE CATTER EMERGENCY VET, WESTMOUNT) MAY BE CONTACTED, MY CAT EXAMINED AND INVESTIGATIONS BE PERFORMED IF REQUIRED (E.G., BLOOD TESTS, X-RAYS). I AGREE TO BRADSHAW CATTERY STAFF ADMINISTERING ANY PRESCRIBED TREATMENTS WHICH THE VET CONSIDERS ADVISABLE. I UNDERSTAND THAT THE TESTS AND TREATMENT WILL BE GIVEN AT MY OWN EXPENSE. I ALSO GIVE CONSENT FOR EUTHANASIA SHOULD THIS BE RECOMMEND ON HUMANE GROUNDS BY THE VETERINARY SURGEON CARING FOR MY CAT, IN CONSULTATION WITH MY OWN NAMED VETERINARY SURGEON AND/OR EMERGENCY CONTACT PERSON. I HAVE DISCUSSED THE OPTIONS FOR DEALING WITH MY CAT IN THE EVENT OF DEATH WITH THE CATTERY PROPRIETOR.

SIGNED: .....

DATE: .....

**PLEASE BRING YOUR VACCINATION CARD WITH YOU**  
**- YOUR CAT WILL NOT BE ADMITTED WITHOUT IT.**  
**PLEASE ALSO FLEA & WORM TREAT YOUR CAT PRIOR**  
**TO IT'S STAY WITH US**  
**Date last treatment given:**


**Your cat/cats must have current vaccinations against: feline panleukopenia, feline parvovirus, also known as feline infectious enteritis, feline respiratory viruses (feline herpesvirus and feline calicivirus).**

Document proof checked and placed in the folder on cat unit door.