

Confirmed Booking Form



Name of Owner: Address:
.....
.....

Telephone No: Emergency Telephone No:

Date of stay: From To Number of days:

Price per day: Total cost of stay:

I have informed my contact about my cats requirements while I am away YES NO

Name of Cat(s)

Colour

Sex

Breed

Age

Diet requirements including treats

Toys to be bought in

Vet Name and Number:

Date and details of most recent vaccinations or booster

Please bring your vaccination certificate with you - Your cat will not be admitted without this being checked.

Flea treatment used and date when last administered

Worming treatment used and date when last administered

Should your cat require medication during their stay with us - please complete the Owners Authorisation Medication Form.

Please submit any other information you feel would best help us look after your cat(s)

Signature

Owners Consent Form



Owners Name:

Owners Address:

.....
.....
.....

Cat(s) Name:

I give permission for Worm / Flea treatments to be given to my cat(s) if necessary.

I agree that in the case of suspected illness, a veterinary surgeon (my own if available) may be contacted, my cat(s) examined, and investigations or surgery performed if required.

I agree to the Cattery administering any prescribed treatments I or the vet considers advisable, and understand that the Cattery is in no way responsible for any adverse reactions my cat(s) may have.

I also give consent in the unlikely event that it should be necessary, for the veterinary surgeon caring for my cat(s), to perform euthanasia should they recommend this on humane grounds.

I understand that the tests and treatment will be given at my own expense.

I have discussed the options for dealing with my cat with the cattery proprietor.

Signed: _____

Date: _____



Owners Authorisation for Administration of Medication

Name of Cat (s):

Date of Stay: From

To

Conditions to be treated:

Name of Medication:

Dose to be Administered:

Frequency of Dose:

Method of Administration:

I hereby request and authorise that the above medication be administered to my cat(s), by the staff of the Preston Hills Cat Hotel, whilst in their care and accept responsibility for any adverse reaction my cat(s) may develop.

In the unlikely event that this should occur, I give my consent for the Staff of the Preston Hills Cat Hotel to seek Veterinary assistance at my own expense, in line with our Boarding Contract.

Signed