|  |  |
| --- | --- |
|  Name of owner  | Mr Mrs Miss Ms |
|  Address  Postcode    |  |
|  Phone numbers  Home Mobile |  |
|  Email |  |
| Emergency contact name(Someone who will be available in your absence)Telephone numbers/ email |  |
|  Vet’s name Address Telephone number |  |
| **cat 1**. NAME  |  | AgeSex |  | **cat** **2.** NAME  |  | AgeSex |  |
| Breed | Neutered?  | Breed | Neutered? |
| Colour |  | Colour |  |
| Is the cat able to use a cat flap Yes/No | Is the cat able to use a cat flap Yes/No |
| Last Vaccination Date: Flea treatment name:Worming treatment type: | Last Vaccination Date: Flea treatment name:Worming treatment type: |
| Microchip No? | Microchip No? |
| Medication Yes/No(Please bring clearly marked)\*Please inform us of any medical conditions or allergies your cat/s may have. | Medication Yes/No(Please bring clearly marked) |
| Cat 1. Feeding requirements, **brands, flavours and frequency**.**Wet food** Name/flavoursAmount fed (e.g., 1 sachet)Frequency**Dry food** Name/flavoursAmount fed.FrequencyTreats**Fine dining options** yes no(menu on website)**Extra grooming** yes no(menu on website) | Cat 2. Feeding requirements, **brands, flavours and** **frequency**.**Wet food** Name/flavoursAmount fed.Frequency**Dry food** Name/flavoursAmount fed.FrequencyTreats**Fine dining options** yes no(menu on website)**Extra grooming**  yes no(menu on website) |
| Any other information that may be helpful while we are caring for your cat/s (e.g., are they timid or aggressive) |  |
| **BOOKINGS, please fill in day, date and time slot required.**  |  |
| **Drop off our times are 9-10am or 4-5pm Mon - Saturday**  | **Collection our times are 9-10am or 4-5pm Mon - Saturday** |
| **Day/Date in Time 9-10 am** **or 4-5 pm** | **Collection Day/Date Time 9-10 am** **Or 4-5 pm** |
| **Day/Date in Time** | **Collection Day/Date Time** |
| **Day/Date in Time** | **Collection Day/Date Time** |
| **Day/Date in Time** | **Collection Day/Date Time** |
| **Multiple cats** Are you happy for your cats from the same household to share a room? YES NO\*Additional cats please duplicate this form |
| An acknowledgment will be emailed to you shortly after submitting your form. (**Please check your Junk folder**) **A 25% deposit will secure your booking**, details for this payment will be included on the acknowledgment.unfortunately, we cannot hold any bookings without deposit. |
| **PLEASE READ AND SIGN THE BELOW** **I have read and agree to the terms and conditions** including the **Cancellation Policy and Veterinary treatment.**(These can be found on our website) A copy can be sent to you on request.[www.cloudtencathotel.co.uk/cattery-terms-conditions/](http://www.cloudtencathotel.co.uk/cattery-terms-conditions/)**I Agree** Owners Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **I Agree to veterinary treatment being sought in case of my cats illness and I understand that any costs incurred will be payable by myself the owner.****I Agree** Owners Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Office Use** |