|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  | Age  Sex |  | **cat** **2.**  NAME |  | Age  Sex |  |
| 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/flavours  Amount fed (e.g., 1 sachet)  Frequency  **Dry food** Name/flavours  Amount fed.  Frequency  Treats  **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/flavours  Amount fed.  Frequency  **Dry food** Name/flavours  Amount fed.  Frequency  Treats  **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** | | | | | | | |