



CLOUD Ten

4 The Houses, Aston Road, Bampton, OX18 2AQ

BOOKING FORM 2024/25

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. <u>Wet food</u> Name/flavours Amount fed (e.g., 1 sachet) Frequency <u>Dry food</u> 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. <u>Wet food</u> Name/flavours Amount fed. Frequency <u>Dry food</u> Name/flavours Amount fed. Frequency Treats Fine dining options yes no (menu on website) Extra grooming yes no (menu on website)		

<p>Any other information that may be helpful while we are caring for your cat/s (e.g., are they timid or aggressive)</p>			
<p><u>BOOKINGS, please fill in day, date and time slot required.</u></p>			
<p>Drop off our times are 9-10am or 4-5pm Mon - Saturday</p>		<p>Collection our times are 9-10am or 4-5pm Mon - Saturday</p>	
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
<p>Multiple cats</p> <p>Are you happy for <u>your</u> cats from the same household to share a room? YES NO</p> <p>*Additional cats please duplicate this form</p>			
<p>An acknowledgment will be emailed to you shortly after submitting your form. (Please check your Junk folder)</p> <p>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.</p>			
<p>PLEASE READ AND SIGN THE BELOW</p> <p>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/</p> <p>I Agree Owners Signature _____</p> <p>Date _____</p> <p>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.</p> <p>I Agree Owners Signature _____</p> <p>Date _____</p> <p>Office Use</p>			