|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Cat (s)** |  | | | | |
| **Date of Stay** |  | | | | |
| **Owner Name** |  | | | | |
| **HOME DETAILS** | | | | | |
| **Address** |  | | | | |
| **Telephone** |  | **Mobile** | |  | |
| **E-mail** |  | | | | |
| **WHILE AWAY CONTACT DETAILS** | | | | | |
| **Address** |  | | | | |
| **Telephone** |  | | **Mobile** | |  |
| **ALTERNATIVE CONTACT DETAILS –if applicable.** | | | | | |
| **We have authorised the person below to act on our behalf while we are away** | | | | | |
| **Name** |  | | | | |
| **Address** |  | | | | |
| **Telephone** |  | | **Mobile** | |  |
| **FEEDING AND OTHER REQUIREMENTS** | | | | | |
| **Preferred Food** |  | | | | |
| **Dislikes** |  | | | | |
| **Special Requirements Regarding Bedding/Litter/ Grooming Etc :** | | | | | |
| **Toys/ Groom Equipment Brought in:** | | | | | |
| **HEALTH STATUS** | | | | | |
| **Vet Name** |  | | | | |
| **Vet Address** |  | | | | |
| **Vet Contact Numbers** |  | | | | |
| **Date & details of most recent vaccination or booster:**  **IMPORTANT: please bring your vaccination card with you – your cat will not be admitted without this being checked.** | | | | | |
| **Flea Treatment Used and date last administered:** | | | | | |
| **Worming Treatment Used and date last administered:** | | | | | |
| **Other current or recent medical treatment/illness which may be relevant & if on medication then please detail here, name or type, dosage amounts and regularity, availability of further supply if necessary:** | | | | | |
| **Permission for Veterinary Treatment:**  I give permission for worm/flea treatment to be given if necessary. I agree that in the case of suspected illness, a veterinary surgeon may be contacted, my cat examined and investigations performed if required (eg blood tests, X-rays).  I agree to the cattery administering any prescription treatments the vet considers advisable. I understand that the tests and treatment will be at my own expense.  I also give consent for euthanasia should this be recommended on humane grounds by the veterinary surgeon caring for my cat, in consultation with my own veterinary surgeon and/or contact person. I have discussed the options for dealing with the cat with the cattery proprietor. | | | | | |
| **I HAVE READ, UNDERSTOOD AND AGREED TO THE TERMS AND CONDITIONS OF BOARDING AT ELLIOT MEWS CATTERY.**  **SIGNATURE OF OWNER**  **DATE** | | | | | |