

Furry Friends Pet Care Services

**Information Form: Cattery**

Please take a few minutes to fill out the information below to enable us to keep your pet happy and healthy whilst in our care.

Cat’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Owner’s Details:**  Name:  Address:  Tel:  Email Address: | |  | | | | | | |
| **Emergency Contact:**  Name:  Address:  Tel:  Email Address: | |  | | | | | | |
| Will your Emergency Contact be happy to collect your cat in the event of an emergency? | | Yes/No | | | | | | |
| Will you Emergency Contact be authorised to make medical decisions in your absence?  Yes/No  *If Yes are they named as approved medical decision maker with your vet? Yes/No* | | | | | | | | |
| **Vet Contact Details:**  Name:  Address:  Tel:  Out of Hours Contact No: | |  | | | | | | |
| **Cat Information:** | |  | | | | | | |
| Breed/Colour/Markings: | | Castrated/Spayed: Yes/No | | Age: | | | Male/Female: | |
| Microchipped | Yes/ No | Microchip No: | Date last Flea  Treated: | | | Date last wormed: | |
| Date Vaccinated:  (Please provide an up to date copy of your cat’s vaccination Certificate prior to your cat’s stay with Furry Friends Pet Care) | | | | | | | |
| Does your Cat wear a collar with your contact details on? | | | | | Yes/No | | |
| Are you happy for your cat to keep their collar on for the duration of their stay with us? | | | | | Yes/No | | |
| **About your cat?** | |  | | | | | |
| Temperament:  (i.e Nervous/Anxious, Aggressive, Friendly around people) | | | | |  | | |
| Has your cat stayed in a Cattery setting previously? | | | | |  | | |
| On any medication? | | Please provide details: | | | | | |
| Have any Allergies? | |  | | | | | |
| Litter trained: | | Yes/No | | | | | |
| Does your cat require regular grooming/brushing?  *Please advise whether they will allow/tolerate this.* | | | | | Yes/No | | |
| Are they used to using a cat flap? | | | | | Yes/No | | |
| Has your cat ever shown aggression towards any other person? | | | | | Yes/No | | |

**Consents and Declarations**

|  |  |
| --- | --- |
| Multiple cats are only allowed to board if from the same household and do not show signs of aggression towards one another. Are you happy for your cats to be boarded within the same suite? | Yes/No  Please sign to give consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If your cat show signs of aggression towards one of your other cats during their stay with us, we will have to contact you to seek guidance on the best way to proceed, do you give us permission to contact you or your emergency contact? | Please sign to give consent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you happy for Furry Friends Pet Care to put video footage/Photo’s of your Cat on our social media sites whilst in our care | Yes/No  Please sign to give consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I hereby give permission to Furry Friends Pet Care Services to hold a key to my property and by doing so, I am fully indemnifying Furry Friends Pet Care Services and their staff against liability of any kind whatsoever arising from damage or loss of any property. | Please sign to give consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I consent for my cat to receive treatment for parasites/fleas should they be found on my cat during their stay. This treatment will be acquired from my usual vets and I am happy for all costs incurred for this to be added to my final account upon collection. | Please sign to give consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DECLARATION:**

I hereby confirm that I am the owner of the pet named on this form and that I authorise Furry Friends Pet Care Services to act as my pet’s guardian whilst providing Cattery services.

I authorise Furry Friends Pet Care Services to take any action considered reasonable and appropriate in order to protect my pet and keep it in good physical and mental health, including admission for veterinary treatment or transferring to alternative boarding facilities. I further confirm that I will be responsible for unexpected costs which may be incurred whilst my pet is in the care of Furry Friends Pet Care Services (costs such as but not limited to veterinary care, boarding fees, equipment and property damage).

In the event that my Cat is unwell and neither myself or my Emergency Contact cannot be contacted, I give Furry Friends Pet Care Services permission to authorise emergency veterinary treatment on my behalf.

I attest that the information I have provided in this document is an accurate account of my cat’s needs and behaviour. I am aware that if my cat behaves in a manner which is dangerous to a person, I will be contacted immediately and must make alternative boarding arrangements for my cat. I undertake to keep Furry Friends Pet Care Services informed of any changes in my pet’s health, behaviour or medical needs before making each new booking.

Sign:

Print Name:

Date:

**Feeding Requirements**

|  |  |
| --- | --- |
| Please give details of feeding times and amounts:  Times: Amount:  *(If your cat is on a Prescription Diet, please supply enough food to cover the duration of your cat’s stay with Furry Friends Pet Care along with any treats which you are happy for your pet to receive)* | |
| **Please select from the following, which Brand of Food you wish your cat to have during their stay with us and confirm they are used to having this regularly and will not cause them any tummy issues during their stay with us:** | |
| **Wet:** |  |
| Whiskas (Jelly)  Kitten/Senior |  |
| Whiskas (Gravy)  Kitten/Senior |  |
| Purina |  |
| Felix |  |
| Sheba |  |
| Dry: |  |
| Whiskas |  |
| Go Cat |  |
| Iams |  |
| Purina |  |