**Owners Particulars**

Name …………………………………………………………………………………………

Address ………………………………………………………………………………….........

…………………………………………………………………………………………………..

**Contact Telephone Numbers and Email**

Home …….……………………………………………………………………………………

Mobile …………………………………………………………………………………………

Email address ...………………………………………………………………………………

***Local Emergency Holiday contact number and name*** ………………………………………………………………................................................

………………………………………………………………………………………………….

**Your Cat’s Particulars**

Name ….………………………………………………………………………………………

Breed/Description ….…………………………………………………………………………

Male/Female ……………………………………………….

Neuter Status ………………………………………… Age ………………………............

Number of cats from the same household …………………

**Last Vaccination date** ….………………………………………………………………………………………………

You MUST bring in your cats vaccination card on the day of arrival please

Does your cat have a microchip, if so what is the ID number? ………………………………………………………………………………………………….

Is / are the cats insured with details……………………………………………………

……………………………………………………………………………………………...

Last worming treatment date ……………………………………….……………………………………………….........

Last flee treatment and date ……………………………………..……………………………………………………….

Does your cat have any allergies …………………………………………………………………………………………............

Medical conditions and any relevant health or behavioural history …………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………

**Medication – Yes............... No....................**

**Details**

Dietary requirements – Brand of food ……………………...............……………………………………………

 Quantity ………………………………………

 Time ……………………………………….....

Any particular likes or dislikes or behaviours you would like us to know about i.e. Toy, sleep, fussing, games …………………………………………………………………………………………………

….………………………………………………………………………………………………

Items brought in …………………………………………………………………………………………………

**Vet’s Details**

Name …………………………………………………………………………………………………

Name of Surgery …………………………………………………………………………………………………

Address …………………………………………………………………………………………………

…………………………………………………………………………………………………

Telephone Number……………………………………………………………………………

I here by give permission for my cat(s) to receive any necessary treatment (vet, wormer, flee treatment) whilst in the care of Hambleton Hills Cattery and pay for any costs incurred.

I am also happy to consent to my cat/s playing with toys that Hambleton Hills Cattery provide, and photographs being taken of my cat/s for publicity on Hambleton Hills Cattery website and Facebook page.

I have read and agree to Hambleton Hills Cattery terms and conditions.

Signed

…………………………………………………………………………………………………

Print Name …………………………………………………………………………………………………

Date ……………………