

# The Old Mistal Cattery

## At Shaley Farm

Registration Form for Cat Boarding.

Please call 07739 094280 on arrival at the cattery

### Your Information

Your name(s) \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email address \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Emergency Contact(s) (They should be able to make the decision about the care of your pets if we cannot reach you in case of an emergency.)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Behaviour Information

Has your pet(s) ever bitten a person or another animal? Y/N

If yes, please describe in detail.

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### Your Pets Information

Name of pet (1) \_\_\_\_\_

Type of pet \_\_\_\_\_

Breed/Description \_\_\_\_\_

D.O.B/Age \_\_\_\_\_

Gender M/F

Spay/Neuter Y/N

Microchip Number \_\_\_\_\_

Medication and directions of use

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### Vet Information

Name of vet / Clinic \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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Insurance Information \_\_\_\_\_

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Name of pet (2) \_\_\_\_\_

Type of pet \_\_\_\_\_

Breed/Description \_\_\_\_\_

D.O.B/Age \_\_\_\_\_

Gender M/F

Spay/Neuter Y/N

Microchip Number \_\_\_\_\_

Medication and directions of use

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**Vet Information**

Name of vet / Clinic \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Insurance Information \_\_\_\_\_

\_\_\_\_\_

Name of pet (3) \_\_\_\_\_

Type of pet \_\_\_\_\_

Breed/Description \_\_\_\_\_

D.O.B/Age \_\_\_\_\_

Gender M/F

Spay/Neuter Y/N

Microchip Number \_\_\_\_\_

Medication and directions of use

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**Vet Information**

Name of vet / Clinic \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Insurance Information \_\_\_\_\_

\_\_\_\_\_

Name of pet (4) \_\_\_\_\_

Type of pet \_\_\_\_\_

Breed/Description \_\_\_\_\_

D.O.B/Age \_\_\_\_\_

Gender M/F

Spay/Neuter Y/N

Microchip Number \_\_\_\_\_

Medication and directions of use

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#### **Vet Information**

Name of vet / Clinic \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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Insurance Information \_\_\_\_\_

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## Booking Form

Name of Pet (1) \_\_\_\_\_

Date of arrival \_\_\_\_\_

Leaving Date \_\_\_\_\_

Medication \_\_\_\_\_ OK to be given by The Old Mistal Cattery? Y/N

Vaccination up to date? Y/N

Proof? Y/N

Flea treatment up to date? Y/N

Worming treatment up to date? Y/N

Behavioural Notes/Medication Administration \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Information \_\_\_\_\_

\_\_\_\_\_

Belongings left

\_\_\_\_\_

\_\_\_\_\_

Name of Pet (2) \_\_\_\_\_

Date of arrival \_\_\_\_\_

Leaving Date \_\_\_\_\_

Medication \_\_\_\_\_ OK to be given by The Old Mistal Cattery? Y/N

Vaccination up to date? Y/N

Proof? Y/N

Flea treatment up to date? Y/N

Worming treatment up to date? Y/N

Behavioural Notes/Medication Administration \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Information \_\_\_\_\_

\_\_\_\_\_

Belongings left

\_\_\_\_\_

\_\_\_\_\_

Name of Pet (3) \_\_\_\_\_

Date of arrival \_\_\_\_\_

Leaving Date \_\_\_\_\_

Medication \_\_\_\_\_ OK to be given by The Old Mistal Cattery? Y/N

Vaccination up to date? Y/N

Proof? Y/N

Flea treatment up to date? Y/N

Worming treatment up to date? Y/N

Behavioural Notes/Medication Administration \_\_\_\_\_

\_\_\_\_\_

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Dietary Information \_\_\_\_\_

\_\_\_\_\_

Belongings left

\_\_\_\_\_

\_\_\_\_\_

Name of Pet (4) \_\_\_\_\_

Date of arrival \_\_\_\_\_

Leaving Date \_\_\_\_\_

Medication \_\_\_\_\_ OK to be given by The Old Mistal Cattery? Y/N

Vaccination up to date? Y/N

Proof? Y/N

Flea treatment up to date? Y/N

Worming treatment up to date? Y/N

Behavioural Notes/Medication Administration \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Information \_\_\_\_\_

\_\_\_\_\_

Belongings left

\_\_\_\_\_

\_\_\_\_\_

A copy of the Cat Boarding Licence has been shown to me	Y/N
A copy of the Fire Escape plan has been shown to me	Y/N
A copy of the Insurance has been shown to me	Y/N

I understand that in the event of an emergency, The Old Mistal Cattery will make every attempt to contact me. In the event that I cannot be reached, I authorise the following:

In the event of illness or injury, I authorise The Old Mistal Cattery to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vets specified above. If the situation permits however The Old Mistal Cattery has the authority to seek treatment at Donaldson and Partners veterinary surgery at Somerset Road. I authorise The Old Mistal Cattery to administer medication prescribed to your pet by the vet.

I agree to reimburse The Old Mistal Cattery within 14 days of incident for vets' fees and all related costs including transportation.

I agree that all pets listed above are ok to be in the same house at any one time. I am also happy for all the pets listed above to be separated if needed due to issues that may arise. I also allow The Old Mistal Cattery to use photos of my pets for advertisement.

I give consent for The Old Mistal Cattery to give toys to my pet to interact with if the need arises or to use the ones I have provided.

Client Signature X\_\_\_\_\_ Printed Name X\_\_\_\_\_

Date \_\_\_\_\_

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**\*For The Old Mistal Cattery use only**

I agree that I am responsible for your pet during the dates stated on the booking sheet.

Signature X\_\_\_\_\_ Printed Name X\_\_\_\_\_

Date \_\_\_\_\_