A picture containing cat, drawing

Description automatically generated

Greystones, Gussage St Michael, Wimborne, Dorset, BH21 5HZ

Tel: 07485 018490

Email: [bookings@purrfectpawsboardingcattery.co.uk](mailto:bookings@purrfectpawsboardingcattery.co.uk)

Owner: Mrs Eleanor Riley.

Licenced by Dorset Council.

Licence No: 153584

Fully Insured through Pet Plan Sanctuary

**Booking Form**

**Owner Information:**

Name: Mr/Mrs/Miss/MS First Name:……………………………….. Surname……………………………

Address:…………………………………………………………………………………………………. Postcode…………………………..

Home Phone……………………………………. Mobile Phone………………………………………………

Email Address…………………………………………

**EMERGENCY CONTACT (*THIS MUST BE COMPLETED*)**

Name…………………………………………………………… Telephone Number……………………………………..

Address:………………………………………………………………… Postcode……………………………………………………..

Email Address:……………………………………………………………………………………………………………………………………..

**BOOKING DETAILS**

Arrival Date……………………………………………… Departure Date……………………………………………

Arrival Time…………………………………………….. Collection Time……………………………………………

**CAT DETAILS 1 (If booking for more than one cat please complete each section separately)**

Cat Name……………………………………………. Colour:…………………………….. Age:……………………….

Sex: M/F Spayed/Castrated : Yes/No Microchipped: Yes/No Chip No:………………..

Date/Type of last flea treatment……………………………………..

Pre-existing Medical Conditions…………………………………………………………………………………………………………

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

**CAT DETAILS 2 (If booking for more than one cat please complete each section separately)**

Cat Name……………………………………………. Colour:…………………………….. Age:……………………….

Sex: M/F Spayed/Castrated : Yes/No Microchipped: Yes/No Chip No:………………..

Date/Type of last flea treatment……………………………………..

Pre-existing Medical Conditions…………………………………………………………………………………………………………

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

**CAT DETAILS 3 (If booking for more than one cat please complete each section separately)**

Cat Name……………………………………………. Colour:…………………………….. Age:……………………….

Sex: M/F Spayed/Castrated : Yes/No Microchipped: Yes/No Chip No:………………..

Date/Type of last flea treatment……………………………………..

Pre-existing Medical Conditions…………………………………………………………………………………………………………

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

**CAT DETAILS 4 (If booking for more than one cat please complete each section separately)**

Cat Name……………………………………………. Colour:…………………………….. Age:……………………….

Sex: M/F Spayed/Castrated : Yes/No Microchipped: Yes/No Chip No:………………..

Date/Type of last flea treatment……………………………………..

Pre-existing Medical Conditions…………………………………………………………………………………………………………

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

**VETERINARY INFORMATION**

Name of Veterinary Practice……………………………………………………………………………………………………………….

Address of Practice………………………………………………………………………………………………………………………………

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

Pet insurance details……………………………………………………………………………………………………………………………

**MEDICATION (Please note this is not for flea treatment)**

Type of Medication………………………………………………………………………………………………………………………………

Reason for Medication…………………………………………………………………………………………………………………………

Instructions for administering medication:…………………………………………………………………………………………

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

Times to be administered……………………………………………………………………………………………………………………

Any other information:………………………………………………………………………………………………………………………..

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

**FEEDING INFORMATION:**

Times of usual feed…………………………………………………………………………………………………………………………….

Type and amount of food provided (including treats)………………………………………………………………………….

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

**PHOTOS/VIDEO CONSENT:**

I consent to have my cats/s photo taken during their stay at Purrfect Paws Boarding Cattery for use on their Website and Social Media pages. **No personal information will be used on the website/social media apart from the cat’s name (s): Yes/No**

**PERSONAL BELONGINGS LEFT FOR DURATION OF STAY**

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

**Booking form fully completed by owner: Yes/No**

**Terms and Conditions have been read, understood and signed: Yes/No**

Owners Signature:……………………………………………………….. Print Name:……………………………………

Date:…………………………………………………………………………….