**Bookings are made from the day your cat is dropped off and for the number of nights your cat remains with us. On the day of departure, you will be charged at our full daily rate for cats collected on our afternoon opening period. However, if you wish to collect your cat within our morning opening period, there will not be any charge incurred for that day. To ensure that you are charged correctly, please ensure you give us full details of collection times within this form.**

**Our daily rates are based upon the number of cats being boarded and are as follows :-**

 **1 Cat £12.50 3 Cats £27.00 5 Cats £P.O.A**

 **2 Cats £20.00 4 Cats £32.00**

Your Details: Emergency Contact Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Owners Name** |  | **Emergency Contact Name** |  |
| **Address** **Postcode** |  | **Emergency Telephone** |  |
| **Email:** |  |
| **Contact telephone:** |  |

Your Booking

|  |  |
| --- | --- |
| **Day/Date of Arrival** |  |
| **Number of Nights Required** |  |
| **Day/Date of Collection** |  |
| **Time of Drop-off am/pm** |  |
| **Time of Collection am/pm** |  |
| **Number of Cats** |  |
| **Special Requirements** |  |

Your Cat(s)

|  |  |
| --- | --- |
| **Cat Name** |  |
| **Age** |  | **Male/Female** |  |
| **Description** |  |
| **Any allergies ?** |  |
| **Vaccinated ?**  |  |
| **Microchipped ?** |  | **Neutered ?** |  |

|  |  |
| --- | --- |
| **Cat Name** |  |
| **Age** |  | **Male/Female** |  |
| **Description** |  |
| **Any allergies ?** |  |
| **Vaccinated ?** |  |
| **Microchipped ?** |  | **Neutered ?** |  |

|  |  |
| --- | --- |
| **Cat Name** |  |
| **Age** |  | **Male/Female** |  |
| **Description** |  |
| **Any allergies ?** |  |
| **Vaccinated ?** |  |
| **Microchipped ?** |  | **Neutered ?** |  |

|  |  |
| --- | --- |
| **Cat Name** |  |
| **Age** |  **Male/Female** |
| **Description** |  |
| **Any Allergies ?** |  |
| **Vaccinated ?** |  |
| **Microchipped ?** |  **Neutered ?** |

**Cats Diet**

#

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# Vet’s Contact Details

|  |  |
| --- | --- |
| **Veterinary Practice Name** |  |
| **Contact Vet Name** |  |
| **Contact Telephone Number** |  |
| **Address of Branch** |  |

# Medical Requirements

Please complete the following details if your cat requires any on-going medical treatment or attention during their stay.

|  |  |
| --- | --- |
| **Cat’s Name** |  |
| **Medical Condition** |  |
| **Medication Required** |  |
| **Administration Method** |  |
| **Dosage** |  |
| **Frequency** |  |
|  |  |
| **Symptoms to monitor** |  |
| **Any previous medical history** |  |
| **Additional comments** |  |

# Medical Treatment

If your cat requires veterinary treatment during their stay we will attempt to contact you and/or your emergency contact before making an appointment with the vet. It is your responsibility to ensure that somebody who can advocate for your cat is able to respond to us immediately in case of an emergency. If we cannot contact you and we believe that your cat needs medical attention urgently, we will make an appointment with the vet and refer all decisions to him/her.

We are not financially responsible for any medical bills that arise during your cat’s stay at SpoiltCats Cattery. All veterinary fees are the responsibility of the client and will be payable at the time of departure.

A full copy of our company policy is available to view on the premises and on our website. Please sign below to confirm that you have read and agree to our terms and conditions.

**Signed By: Print Name: Date:**