

Booking Form

Owner Details

Name _____

Home Address _____

Telephone Number _____

Additional Name / Number _____

Email Address _____

Veterinary Surgery _____ Tel. No _____

A current Vaccination Certificate incorporating dates of booking must be provided on arrival.

Cats Details

1st Cats Name _____ Male / Female _____ Age _____

2nd Cats Name _____ Male / Female _____ Age _____

3rd Cats Name _____ Male / Female _____ Age _____

4th Cats Name _____ Male / Female _____ Age _____

Booking Details

BOOKING ONE

Date of Arrival _____ Date of Collection _____

Time of Drop Off AM PM Time of Pick Up AM PM

BOOKING TWO

Date of Arrival _____ Date of Collection _____

Time of Drop Off AM PM Time of Pick Up AM PM

BOOKING THREE

Date of Arrival _____ Date of Collection _____

Time of Drop Off AM PM Time of Pick Up AM PM

Continued overleaf...

01753 675066
info@catkincattery.co.uk
www.catkincattery.co.uk

Catkins Cattery, 105 Ashford Road, Iver Heath, Bucks, SL0 0QF



Catkins Cattery
and the home of PennyPurr British Shorthairs

Food Menu

Please indicate your cat's preference

Tins / Foil	Felix <input type="radio"/>	Whiskas <input type="radio"/>	Go-Cat <input type="radio"/>	Classic <input type="radio"/>	Kitekat <input type="radio"/>
	Gourmet Pearl <input type="radio"/>	Tesco <input type="radio"/>	Sainsbury's <input type="radio"/>	Other _____	
Dried Food	Hills <input type="radio"/>	James Wellbeloved <input type="radio"/>	Purina <input type="radio"/>	Whiskas <input type="radio"/>	
	Iams <input type="radio"/>	Tesco <input type="radio"/>	Go-Cat <input type="radio"/>	Other _____	

Medications

CAT ONE Name _____

Mediation 1 _____ Date / Time to be administered _____

Mediation 2 _____ Date / Time to be administered _____

CAT TWO Name _____

Mediation 1 _____ Date / Time to be administered _____

Mediation 2 _____ Date / Time to be administered _____

CAT THREE Name _____

Mediation 1 _____ Date / Time to be administered _____

Mediation 2 _____ Date / Time to be administered _____

Declarations

- I hereby give my permission that my two/three cats may be kept in the same chalet accommodation

Please sign _____ Date _____

- I agree that in case of illness or suspected illness, a veterinary surgeon will be consulted and if necessary called in to carry out such treatment as they deem advisable. The first £100 will be covered by the Catkins Cattery insurance scheme, any remaining costs will be re-imbursed to Catkins Cattery by the owner.

Please sign _____ Date _____

- All chalets are treated with a chemical spray before occupation thus insuring no flea infestation. We cannot accept any cat that we suspect may be harbouring fleas and reserve the right to give treatment in the event that we find this to be the case.

Please sign _____ Date _____



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