

Cambria Farm Cattery - BOOKING/REGISTRATION FORM

Please complete and return to make your Booking

	<i>We are closed for Drop Off and Collections on Sundays and Bank Holiday Mondays</i>	<i>Preferred Appointment Times (Please give 2 options)</i>	
Arrival Date:		Time:	
Departure Date:		Time:	
Owners Name:			
Address:			
Telephone No. and Email:			
Name Of your Cat(s):	NAME OF CAT (1)	NAME OF 2 nd CAT	
		A Single Room or to Share with CAT (1) delete as appropriate	
ID Microchip No:			
Description:			
Age:			
Sex:			
Neutered/Spayed:			
<i>If boarding more than one cat and you wish for them to share please sign below, this also gives permission for the cats to be separated should a problem arise:</i>			
Customer Signature:		Date	
Name of your Veterinary Surgeon:			
Address/Tel No:			
Please provide An Emergency Contact Name & Address whilst you are away.			
Address:			
Tel No:			
Please provide details of your Cats Health Status/Medical History (Use separate sheet if necessary).			
Nutritional Requirements: Type/Brand of Food Inc Treats			
Date Of Last Worming:		Name Of Product:	
Date Of Last Flea Treatment:		Name Of Product:	
Date Of Vaccination/Booster:			
Name of Medication:		Type Of Medication:	
Dosage Amounts / Regularity:			
Any Other Comments:			
Please tell us how your found us:			

Each cat must have access to a scratching facility. Cambria Farm Cattery will provide a solid log for scratching or the owner can provide a scratching post that will be used solely for their cat and returned to the owner at the end of the cat's stay. I have read this form and agree to all the conditions outlined overleaf. Payment of the boarding charges will confirm this booking. My signature also gives my authority for the Cattery to contact the above named Vet for any information as required.

Customer Signature:..... **Date**