



TOTAL	
DISCOUNT	
DEPOSIT	
BALANCE TO PAY	
DROP OFF TIME	
PICK UP TIME	
INVOICE NO	
NUMBER OF DAYS	

NAME & AGE OF YOUR CAT:

VACCINATION DUE DATE:

DATE OF STAY:

OWNER NAME:

ADDRESS:

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.....

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PHONE:

PERSON TO
ACT ON
YOUR BEHALF
NAME & PHONE:

.....

.....

IS YOUR CAT INSURED
NAME/POLICY NUMBER

YOUR CAT'S OWN VET
NAME & PHONE:

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.....

ANY CURRENT/RECENT
MEDICATION. DOSAGE/
REGULARITY:

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.....

WHERE DID YOU HEAR
ABOUT BRADSHAW CATTERY:

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FEEDING & OTHER REQUIREMENTS

YOUR CAT'S PREFERRED FOOD (INCLUDE ANY TREATS)!

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ANY SPECIAL DIETARY REQUIREMENTS I.E. FED ONCE OR TWICE DAILY?

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HAS YOUR CAT STAYED IN A CATTERY BEFORE?

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ANY OTHER DETAILS ABOUT YOUR CATS CHARACTER YOU CAN THINK OF?!

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(PLEASE NOTE THAT ANY CAT BOARDED AS A FAMILY OR PAIR WILL BE BOARDED IN THE SAME UNIT UNLESS OTHERWISE STATED)

YOUR SIGNATURE:

AUTHORISATION FOR VETERINARY TREATMENT

OWNER'S NAME:

OWNER'S ADDRESS:
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.....

CAT'S NAME:

I GIVE PERMISSION FOR WORM/FLEA TREATMENT TO BE GIVEN IF NECESSARY. I AGREE THAT IN THE CASE OF ANY SUSPECTED ILLNESS, A VETERINARY SURGEON MAY BE CONTACTED, MY CAT EXAMINED AND INVESTIGATIONS BE PERFORMED IF REQUIRED (E.G., BLOOD TESTS, X-RAYS). I AGREE TO BRADSHAW CATTERY STAFF ADMINISTERING ANY PRESCRIBED TREATMENTS WHICH THE VET CONSIDERS ADVISABLE. I UNDERSTAND THAT THE TESTS AND TREATMENT WILL BE GIVEN AT MY OWN EXPENSE. I ALSO GIVE CONSENT FOR EUTHANASIA SHOULD THIS BE RECOMMEND ON HUMANE GROUNDS BY THE VETERINARY SURGEON CARING FOR MY CAT, IN CONSULTATION WITH MY OWN NAMED VETERINARY SURGEON AND/OR EMERGENCY CONTACT PERSON. I HAVE DISCUSSED THE OPTIONS FOR DEALING WITH MY CAT WITH THE CATTERY PROPRIETOR.

PLEASE NOTE: ALL MALE CATS MUST BE NEUTERED IN ORDER TO BOARD.

SIGNED:

DATE:

PLEASE BRING YOUR VACCINATION CARD WITH YOU
– YOUR CAT WILL NOT BE ADMITTED WITHOUT IT.
PLEASE ALSO FLEA & WORM TREAT YOUR CAT PRIOR
TO IT'S STAY WITH US