

## PENROSE FARM CATTERY BOOKING FORM – NEW CUSTOMER

### Dates

Drop off date (please also indicate am or pm)		Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>
Collection date (please also indicate am or pm)		Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>

### Your personal details

Your full name	
Your address	
Email address	
Home phone number	
Mobile phone number	
Work telephone number	

### Your cat's details

Name	
Breed / description	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Age & DOB	
Has your cat been neutered?	Y <input type="checkbox"/> N <input type="checkbox"/> <b>Please note we will only accept neutered cats.</b>
Does your cat have a microchip?	Y <input type="checkbox"/> N <input type="checkbox"/> <b>Please provide the ID number if known.</b>
Is your cat insured? Please provide any relevant information if so.	Y <input type="checkbox"/> N <input type="checkbox"/>
Does your cat have any allergies?	Y <input type="checkbox"/> N <input type="checkbox"/> <b>If Yes, please provide further information.</b>
Does your cat have any other medical problems or conditions?	Y <input type="checkbox"/> N <input type="checkbox"/> <b>If Yes, please provide further information.</b>
Is your cat currently in good health?	Y <input type="checkbox"/> N <input type="checkbox"/> <b>If No, please provide further information.</b>
Are your cat's vaccinations up to date? (Cat Flu, Feline Enteritis and Feline Leukaemia)	Y <input type="checkbox"/> N <input type="checkbox"/> <b>Please confirm the date of most recent vaccinations here.</b>
Has your cat ever been treated for Ringworm?	Y <input type="checkbox"/> N <input type="checkbox"/> <b>Please let us know when, and what treatment was prescribed.</b>
Date of last flea treatment and product used.	
Date of last worm treatment and product used.	
Is your cat known to be FIV positive?	Y <input type="checkbox"/> N <input type="checkbox"/> <b>If yes, please provide further information.</b>
What food do you usually feed your cat and how often? Please let us know frequency and time of day.	Wet food brand name and frequency  Dry food brand name and frequency
If you give your cat(s) a treat, please let us know what they enjoy.	Treat brand name and frequency

Please tell us a bit more about your cat, and their likes and dislikes. E.g. any behavioural issues, areas they do not like to be touched, favourite games and toys, how they like to sleep etc. If there are any toys you do not wish your cat to have access to, please let us know here.	
May we use images of your cat on our website?	Y <input type="checkbox"/> N <input type="checkbox"/>
May we use Feliway products around your cat?	Y <input type="checkbox"/> N <input type="checkbox"/>
Is your cat an indoor or outdoor cat?	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>

### Your cat's vet

Name	
Address	
Email address	
Phone number	
Mobile and/or out of hours emergency numbers	

### Emergency contact details

If we are unable to reach you in the event of an emergency, we may need to contact someone other than you to ask for your cat to be collected or to seek advice. Please provide the names, phone numbers and email addresses of **AT LEAST** two emergency contacts that we may get in touch with in these circumstances. At least one of whom should be within a reasonable travelling distance of Penrose Farm Cattery. **Your contacts should be authorised by you to make a decision regarding your cat's care in the event of a medical (or some other) emergency if we are unable to reach you.**

Emergency Contact Name, Phone Number (s), Home Address, Email	
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By making this booking, you are accepting our Terms and Conditions which are available to view on our website and providing your express consent to the following conditions:

- Cats from your household will share a unit unless you specifically request otherwise, however we reserve the right to separate them as required in the event of illness or injury and where it is in the best interest of the cat(s)
- We will seek advice from **our** registered vet in the event of your cat showing signs of illness or injury or parasites. In signing this form you are consenting to any necessary treatment and confirming you will meet the treatment costs of the same. Every attempt will be made to contact you or your representative in these circumstances. If you want us to contact your cat's usual vet in the first instance please state that clearly here, and please then sign and date:

Sign

Date

### Important things to remember:

- Please note you **MUST** bring your vaccination card(s) with you when dropping your cat(s) off – we are unable to board any cats who are not up to date
- Cats **MUST** have been treated with a suitable vet approved flea and worm control product within 14 days of their stay with us – please speak to your vet if you need support or advice with this
- We will not be able to accept your cat(s) if they appear to be unwell on the day you bring them to us. If you have any concerns whatsoever, please speak to your vet in the first instance.