



Booking Form For New Clients

Arrival Date:				Departure Date:			
Time: (Please circle)	09:30-12:00	16:30-18:00	10:00-12:00 (Sat & Sun)	Time:	09:30-12:00	16:30-18:00	10:00-12:00 (Sat & Sun)

Name of Cat(s):			
Age(s):		Male/Female	
Neutered?	Yes/No	NB. Un-neutered male or female cats over 6 months old cannot be boarded.	
Owner Name:			
Home Address:			
Home Phone No:		Mobile Phone No:	
E-mail:			
Name and Address of Local Contact: (available on your behalf)			

Name and Phone Number of Veterinary Practice:			
Date of Most Recent Vaccination: (Cat Flu & Feline Enteritis)			
<ul style="list-style-type: none"> • Please note that the initial course of vaccination (both injections) must be completed at least FOUR WEEKS prior to the first day of boarding. • Annual booster injections must be up to date. • Evidence of vaccination MUST be provided prior to, or on, the first day of boarding. 			
Flea Treatment Used:		Date Administered:	
Worming Treatment Used:		Date Administered:	
Details of Current or Recent Illness/Treatment:			
Name or Type of Medication: Please Indicate Dosage and Regularity, Availability of Further Supplies, etc.			

Favourite foods:			
Special requirements, e.g. Grooming/Feed Times:			
Other Information, e.g. Personality type/handling problems:			

Signature:		Date:	
------------	--	-------	--