

## **Booking Form**

To be completed by the cat(s) owner please.

Please ensure you read the full Terms and Conditions before completing the booking form.

A separate booking form will need to be completed for each cat you wish to board with us.

Owners Details	
Name	
Address	
Contact Number(s)	
E-mail	
Emergency Contact Details	s (Nominated Person)
Name	
Address	
Contact Number(s)	
E-mail	
Registered Vets Details	
Practice Name	
Address	
Contact Number	
Insurance Details (if your o	cat is covered)
Insurance Provider	
Policy Number	
Contact Number	



## ${\it COSYCOTT}$ Boarding Cattery is registered with:

White Cross Vets, 194 Regent Road, Tividale, B69 1SB.

Do vou consent to	us using White	Cross Vote	abould tha	nood origo?
Do vou consent to	us usina vynite	Cross vets	snould the	need arise?

Do you consent to us using White Cross Vets should the need arise?				
□ Yes				
□ No, i preier to	□ No, I prefer to use my own vet			
Cat Details				
Name				
Microchip No.				
Sex				
Neutered				
Age				
Colour				
Breed				
Please tick one of the following statements:   The cat named on this booking form will not be sharing a unit  The cat named on this booking form will share a unit with				
(Please give name(s) below)				
Booking Details				
Arrival Date		Departure Date		
Arrival Time		Departure Time		
Name of person who will be collecting cat(s):				



Please detail below your cats regular feeding times and their requirements for each meal:

Meal	Time	Requirements
Breakfast		
Lunch		
Dinner		

If we are supplying your cat's litter, food and treats, please provide product details. It is essential there are no changes to your cat's regular diet:

Item	Brand	Name	Flavour
Cat Litter			
Food			
Treats			

Please let us know when your cat last received the following:

Type of Medication	Date Received	Date Due	Name of Flea / Worm Treatment
Primary Vaccination			
2 <sup>nd</sup> Vaccination (kittens)			
Annual Booster			
Flea Treatment			
Worm treatment			

Does your cat have any medical conditions we should be aware of? If so please provide full details below:	



Does your cat have any behavioural issues or does anything in particular upset them? If so please provide full details below: **Emergencies** In the unlikely event there is a problem with your cat whilst in our care, we need to know who to contact: Inform me in the first instance □ Inform my emergency contact Further instructions in the unlikely event of death or euthanasia: By signing this Booking Form you are agreeing to: ☐ Your cats being separated and removed from their shared unit should the need arise. □ Paying in full, at the time of collection for any additional units used as a result of your cats being separated. □ Veterinary advice being sought and your cat being examined / treated in accordance with veterinary advice and procedures. ☐ The cattery administering any prescribed treatments the vet considers advisable. ☐ The cattery administering flea / worm treatment if necessary and paying in full for any flea / worm treatments purchased for your cats sole use by the cattery. □ Paying in full, at the time of collection for any veterinary consultation / treatment for any condition discovered after arrival, which was not declared or

which the owner should have been aware of before boarding.



Signed Date
I agreed that I have read, understand and accept the full Terms and Conditions of $COSYCOTT$ Boarding Cattery Please return your completed booking form along with a £30 deposit to:
Cosycott Boarding Cattery 139 Oakham Road Tividale Oldbury B69 1QH
Payment can be made by cheque, postal order or bank transfer (details available

Full payment needs to be made prior to, or on the day of arrival please.

Please do not hesitate to contact us if you have any queries.

Many thanks

upon request).

COSYCOTT Boarding Cattery

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