

## CURRENT INFORMATION FORM

Name of cat \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Neutered \_\_\_\_\_

Date of stay \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone/mobile \_\_\_\_\_

Address while away – if available \_\_\_\_\_

Telephone number while away – if available \_\_\_\_\_

Name of contact available to act on your behalf \_\_\_\_\_

Address and telephone number of contact \_\_\_\_\_

I have informed my contact about my cat's requirements while I am away Yes/No

### FEEDING AND OTHER REQUIREMENTS

Cat's preferred food during stay (including special diets and treats) \_\_\_\_\_

Requirements regarding cat litter, etc \_\_\_\_\_

Favourite toys/grooming equipment to be brought in \_\_\_\_\_

Special grooming requirements \_\_\_\_\_

### HEALTH STATUS

Address and telephone number of cat's veterinary surgeon \_\_\_\_\_

I have informed my vet that my cat is staying in Scatterty Cattery Yes/No

Give details of most recent vaccinations or booster \_\_\_\_\_

PLEASE BRING YOUR VACCINATION RECORD CARD WITH YOU- YOUR CAT WILL NOT BE ADMITTED WITHOUT THIS BEING CHECKED

Flea treatment used and date when last administered \_\_\_\_\_

Worming treatment used and date when last administered \_\_\_\_\_

Other current or recent medical treatment/illness which may be relevant \_\_\_\_\_

Name and type of medication, dosage amounts and regularity, availability of further supply if necessary \_\_\_\_\_

I agree to my cat/cats being in the care of Scatterty Cattery. I understand that if my cat/cats are not collected or that no alternative arrangements are made within two weeks from the agreed date of collection my cat/cats will become the property of Scatterty Cattery. I also understand that Scatterty Cattery can rehome, as it deems appropriate. I agree that my cats should share a pen, (no cats from other households will be placed together in a pen). Full payment should be made on collection of cat/cats.

Signature of owner \_\_\_\_\_

## AUTHORISATION FOR VETERINARY TREATMENT FORM

Owners name \_\_\_\_\_

Owners address \_\_\_\_\_

Postcode \_\_\_\_\_

Cat's name \_\_\_\_\_

I give permission for worm/flea treatment to be given if necessary.

I agree that in the case of suspected illness, a veterinary surgeon may be contacted, my cat examined and investigations performed if required (e.g., blood tests, x-rays).

I agree to Scatterty Cattery administering any prescribed treatments the vet considers advisable.

I understand that the tests and treatment will be at my own expense.

I also give consent for euthanasia should this be recommended on humane grounds by the veterinary surgeon caring for my cat, in consultation with my own veterinary surgeon and/or contact person.

Signed by owner \_\_\_\_\_ Date \_\_\_\_\_