

## Booking Form



Christine's Cat Care, Boarding Cattery

72 Craw Wood, Tweedbank, Galashiels, TD1 3SU | T: 07850 069 718 | E: christinescatcare@outlook.com

### **CAT(S) OWNER'S DETAILS**

Name:	
Address:	
Postcode:	
Telephone/Mobile No:	
Email Address:	

### **CAT(S) DETAILS**

#### **Cat 1 –**

Name:		Breed:		Colour:	
Sex:		Age:		DOB:	
Date of last vaccination:					

#### **Cat 2 –**

Name:		Breed:		Colour:	
Sex:		Age:		DOB:	
Date of last vaccination:					

#### **Cat 3 –**

Name:		Breed:		Colour:	
Sex:		Age:		DOB:	
Date of last vaccination:					

#### **Cat 4 –**

Name:		Breed:		Colour:	
Sex:		Age:		DOB:	
Date of last vaccination:					

***(Proof of vaccination must be provided at time of booking and a copy will be kept on record. Please flea/worm/tick treat your cats/s and flea comb them after treatment at least 4 days before arrival. Please read the important information on my website regarding fleas).***

Vets Name/Address/Telephone Number:	
Insurance Details (if insured):	
Neutered (All cats over 6/12 of age must be neutered):	

**EMERGENCY CONTACT DETAILS**

***(Person who can collect cat(s) at short notice in case of illness, death or fire)***

Name:	Telephone Number:
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**BOOKING DETAILS**

Booking Date From:	
Arrival Time:	
Booking Date To:	
Collection Time:	

Arrival/Collection times are:

Monday to Sunday

Arrival: 15:00 - 17:00

Collection: 11:00 - 13:00

(Please discuss specific arrival and collection time with me prior to returning your booking form).

These times allow for adequate cleaning between bookings and time to provide good care for all cats.

If these times are not suitable for you please discuss and I will try to accommodate you if I can but during busy periods this may not be possible.

Please note: If 7 days or less notice is given for cancellation or changes or on arrival your pets vaccinations are out-of-date then we will charge for the period booked. Cats will not be admitted if vaccinations are not up-to-date.

## **FEEDING REQUIREMENTS**

As sudden changes to a cat's diet can cause upset, please provide enough food for your cat/s for the duration of their stay. If not enough food has been provided this will be purchased for them and costs will be added to your bill.

Feeding Regime:	
Name/Type of Food:	

## **CATS MEDICATION**

Name of Medication:	
Route and Times to be Administered:	

Any other important information (ie microchipped, temperament, indoor or outdoor cat, likes being brushed etc)	
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To enquire about availability please telephone/email or message. If required dates are available these will be **provisionally** added to my diary. Please then complete all fields of booking form, sign and date and then either email it to - [christinescatcare@outlook.com](mailto:christinescatcare@outlook.com) or post (with a copy of cat/s vaccination certificate) to the above address within time frames stated. I will then confirm booking once all requirements have been met. If I do not receive your booking form and vaccine record from you by the 7th day, I will contact you. If contact is unsuccessful, your provisional booking will be removed from my diary. Please do not accept that booking is confirmed until you hear from me.

Please note: Once we receive the signed booking form, it means you have agreed to all the Terms and Conditions. This form will only need to be completed once and will be used for future bookings. If any details change, a new completed booking form will be required.

Signature (Cat(s) Owner):		Print Name:	
Date:			