

Low Furrow Cattery

CATTERY INFORMATION AND CONSENT FORM



| | |
|----------------------|--------------------------------------|
| OWNER DETAILS | Name: |
| | Address:- |
| | Contact Number (s): |
| | Alternative contact if unavailable:- |

| | | | | |
|---------------------|-----------|--|--|--|
| CATS DETAILS | NAME | | | |
| | SEX | | | |
| | AGE | | | |
| | BREED | | | |
| | COLOUR(S) | | | |

| | | |
|--------------------------------------|-----------|--|
| ALTERNATIVE EMERGENCY CONTACT | NAME | |
| | ADDRESS | |
| | TELEPHONE | |
| | EMAIL | |

| | | |
|--------------------------------|-----------|--|
| CATS VETERINARY DETAILS | NAME | |
| | ADDRESS | |
| | TELEPHONE | |

| | | |
|-----------------------------------|---------|--|
| ITEMS PROVIDED WITH CAT(S) | TOYS | |
| | CARRIER | |
| | OTHER | |

| | |
|--------------------------------|--|
| SPECIFIC MEDICAL INFO * | |
|--------------------------------|--|

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|-----------------------------|--|
| BEHAVIOURAL ISSUES * | |
|-----------------------------|--|

| | |
|---------------------------------|--|
| SPECIFIC DIETARY NEEDS * | |
|---------------------------------|--|

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|-----------------------------|--|--------------------------------|---|
| Flea Treatment | | Insured? | YES/NO Please indicate overleaf full details. |
| Worm Treatment | | Any Behaviour Issues? | YES/NO Please indicate overleaf full details. |
| Vaccination Due Date | | Recent/Ongoing Medical? | YES/NO Please indicate overleaf full details. |

I hereby consent to the following:-

- a) Where I have given consent via the booking and boarding information for my cats to share the same pen, I confirm that they are able to share successfully and without conflict
- b) Any cats booked in as sharing the same chalet, and they do not share successfully, therefore if it is felt necessary by the cattery staff, on the grounds of the cats welfare, they may be seperated and placed into seperate boarding accomodation. I confirm that I will be responsible for any additional boarding fees that result.
- c) The cats welfare is paramount, therefore in the event that my cat / cat(s) show signs of stress, are injured, or fall ill, or are generally unhappy in their pen, they may be moved to a quieter or observation pen as deemed necessary by cattery staff.
- d) Where consent has been given for cats to be groomed, the cattery staff will undertake this subject to the behaviour of the cat - any issues with the cats coat or condition will be advised to the owner, and advise/consent obtained before any further grooming takes place.
- e) Cats requiring medication to be administered (both preventative, and as treatment for current conditions), I give consent to this to be done by cattery staff. I confirm that I have advised them of the cats medical needs, and have provided instructions and also sufficient medication for the duration of their stay.
- f) I consent to my vet (as noted above) being consulted and any emergency treatment needed provided by them in conjunction with consultation with either myself or my appointed person. In the event of no consultee being available I agree that all emergency vital treatment (including initial first aid) provided by cattery staff and/or veterinary surgeons, that I will provide full reimbursement as necessary.
- g) If it is deemed necessary, for the welfare of the cat, and in conjunction with a veterinary surgeon, I give my consent to them to be euthanised either under the direction of my own vet, or if necessary under the direction of the Cattery Appointed Veterinary Surgeon.

OWNER SIGNATURE CONFIRMING THE ABOVE POINTS AND THAT ALL INFORMATION PROVIDED IS CORRECT. I also confirm that I have read and agree to the terms and conditions.

| | | | |
|----------------|--|--|--|
| Signed: | | Dated: | |
| Print: | | This Consent form is valid until 31st December 2024 | |

| | | |
|---|--------|-------------------------------------|
| FOR OFFICE USE ONLY | | Signature of Cattery Staff:- |
| RECORD OF VAC SEEN AND RETAINED | YES/NO | |
| CONSENT FORM COMPLETED AND CHECKED | YES/NO | |
| ITEMS OF NOTE OVERLEAF * | YES/NO | |

ADDITIONAL INFORMATION

Insurance Details - Provider and Policy Number

Behavioural Issues?

Medical Issues?

Medication Provided (Please list name of medication, doseage and frequency)

Instructions for Use:-

OWNER SIGNATURE CONFIRMING THE ABOVE POINTS AND THAT ALL INFORMATION PROVIDED IS CORRECT.

Signed:-

Printed:-

CATTERY STAFF SIGNATURE TO VERIFY INFORMATION PROVIDED AND UNDERSTOOD.

Signed:-

Printed:-