



*Laceys Lane, Leverton  
PE22 0BD*

***CURRENT INFORMATION ON YOUR CAT***

**Name of cat:** \_\_\_\_\_ **Male / Female** **D.O.B / Age:** \_\_\_\_\_  
(please delete as appropriate)

**Date of stay** **From:**     /     /     **To:**     /     /  
(inclusive)     (Date) (Month) (Year)     (Date) (Month) (Year )

**Approx. time of drop off:**

**Approx. time of collection:**

**Owner Name:**

**Home Address:**

House No. / Name:

Street:

Town:

County:

Post Code:

**Home Telephone No.**

**Mobile No.**

**Address while away – if available**

House No. / Name:

Street:

Town:

County:

Country:

Post Code:

**Telephone No. while away- if available:**

**Name of contact available to act on your behalf:**

**Address of contact while away – if available**

House No. / Name:

Street:

Town:

County:

Country:

Post Code:

**Telephone No. of contact:** Home:

Mobile:

**I have informed my contact about my cat's requirements  
while I am away:**

Yes / No

*please delete as appropriate)*

**FEEDING & OTHER REQUIREMENTS**

Cats preferred food during stay:

**Special needs re: grooming etc.**

**HEALTH STATUS**

**Name & Telephone No. of cat's own vet:**

**Please provide date and details of most recent vaccinations or booster:**

*Please bring your cats 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 /medication & type (including dosage amounts and frequency)/ illness which may be relevant:**

**I agree to the terms and conditions provided by Birch Grove Cattery**

Signed:

Date: