



**Cattery Admission Form** : please fill out and bring in with your cat/s on day of admission

Owner's Name: \_\_\_\_\_

Cat #1 name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Vacc date: \_\_\_\_\_

Cat #2 name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Vacc date: \_\_\_\_\_

Cat #3 name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Vacc date: \_\_\_\_\_

Boarding Admission date: \_\_\_\_\_ Boarding Departure date: \_\_\_\_\_

Contact details whilst away: **(Please circle preferred contact method)**.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact name and phone no: \_\_\_\_\_

Normal Vet (if not North Road Vet): \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary preferences/requirements (if any) and feeding regime: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Food provided by owner: Yes / No \_\_\_\_\_

Current Flea Control and Worming Treatments/ Date of last Treatment: \_\_\_\_\_

\_\_\_\_\_

Medications provided at admission, and directions if not clearly labelled:  
(please note a medication fee of \$1.10/night applies for cat/s on oral medication)

\_\_\_\_\_  
\_\_\_\_\_

Personal effects, bedding, etc: \_\_\_\_\_

\_\_\_\_\_

Veterinary examinations or procedures to be performed whilst boarding: Yes / No

\_\_\_\_\_

Please indicate that you have **read and accept the boarding terms and conditions** by signing below.

Signature

Date