



**Your Veterinarian's Details**

Clinic Name .....

- Has your cat ever had any illness or health issues eg Sneezing / Eye discharge / Cat flu / Allergies / Arthritis / Heart / Kidney / Thyroid / Ringworm / FIV+ / other Yes No

*Details* .....  
.....

- Is your cat currently on or recently been prescribed any medication by a Veterinarian?: Yes No

*Please give details of medication and if cat will need medicating at the cattery* .....  
.....

- Should your cat get sick or pass away in your absence would you like to be contacted? Yes No

**Cattery History**

Has your cat been in a cattery before? Yes No

If yes, how did they cope with being with other cats? .....

Were there any issues we need to know about? .....

**Emergency Contact Details**

*Please supply the name and contact details of a person authorised (other than yourself) to collect your cat or to make any decisions relating to the wellbeing of your cat.*

Name:..... Address:.....

Home Phone ( )..... Work ..... Mobile .....

**How did you hear about Belt Road Cattery?** .....

**Payment**

If you would like to do internet banking please enter your name in the reference.

Belt Road Cattery bank account number **15-3949-0452082-10**

Balance of payment is now payable at check in by EFTPOS, cash, credit card (surcharge applies) or internet banking. Paywave is not available.

***By booking my cat into Belt Road Cattery I am agreeing to the Terms and Conditions and any changes to these which are made from time to time.***

Signed .....

Date .....