



Birch Grove, Laceys Lane, Leverton, Lincs PE22 0BD
Tel: 01205 870387

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: