

OWNER DETAILS

Name		City	
Address Line 1		Postcode	
Home Telephone		Mobile Telephone	

EMERGENCY CONTACT

Name		Telephone	
------	--	-----------	--

ABOUT YOUR CAT

Name		Age	
Breed/Description		Colour	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Microchip No:	

FOOD (PLEASE TICK)

Wet Food	Dry Food	Fresh Food & Treats
<input type="checkbox"/> Applaws	<input type="checkbox"/> Harringtons	<input type="checkbox"/> Beef
<input type="checkbox"/> Encore	<input type="checkbox"/> Hill's Science Plan	<input type="checkbox"/> Chicken
<input type="checkbox"/> Felix/As Good As It Looks	<input type="checkbox"/> Iams	<input type="checkbox"/> Fish
<input type="checkbox"/> Gourmet (Other)	<input type="checkbox"/> James Wellbeloved	<input type="checkbox"/> Ham
<input type="checkbox"/> Harringtons	<input type="checkbox"/> Perfect Fit	<input type="checkbox"/> Prawns
<input type="checkbox"/> Iams	<input type="checkbox"/> Purina One	<input type="checkbox"/> Treats
<input type="checkbox"/> James Wellbeloved	<input type="checkbox"/> Royal Canin (Please Specify)	<input type="checkbox"/> Tuna
<input type="checkbox"/> Lily's Kitchen	<input type="checkbox"/> Whiskas/Go Cat	
<input type="checkbox"/> Purina		
<input type="checkbox"/> Royal Canin (Please Specify)		
<input type="checkbox"/> Sheba		
<input type="checkbox"/> Whiskas		

We can accommodate certain veterinary prescription diets, but not all. You may need to provide the prescription diet yourself. Please call to check what we have in stock.

If other, please specify:	
Other, my cat is on a special prescription diet of:	
Feeding frequency	times a day.

LITTER

What litter does your cat use? These are the only litters we supply.	<input type="checkbox"/> Wood pellets <input type="checkbox"/> Gravel
---	---

INTERACTION (PLEASE TICK)

My cat likes	Handling
<input type="checkbox"/> Grooming – You must supply your own brushes.	<input type="checkbox"/> Will allow you to stroke them.
<input type="checkbox"/> Chatting	<input type="checkbox"/> Will allow you to pick them up.
<input type="checkbox"/> Playing	<input type="checkbox"/> Will allow you to clean/wipe eyes, etc.
	<input type="checkbox"/> Respect my privacy – I am generally not amused if you try to handle me.

ADMISSION CHECKLIST

Date vaccination card was checked by Apple Tree Cattery	
Date of last flea treatment	
Date of last worming treatment	
Please tick: <input type="checkbox"/> I confirm my cat has been spayed/neutered.	

Please note: We will need a photocopy of all vaccination cards for recording purposes only.

HEALTH

Does your cat have any ongoing medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	Does your cat exhibit any unusual habits or behaviours that might be mistaken for an illness? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
--	---

Does your cat take any regular medication?		<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify below.		
Medication Name	Administration Type (injection/tablet/drops/cream)	Dosage/Frequency	AM	PM

Please ensure you bring sufficient supply of medication for the time you are away and that all medications are in date.

YOUR VETS

If your cat(s) become ill, please provide contact details for your vet:

Practice/Vet Name	
Telephone:	

If we are unable to reach your usual vet, we will refer your cat(s) to our own local veterinary practice. In all cases, we will act in the very best interest of your cat(s) with respect to their health and freedom from suffering. We will follow the advice of a veterinary surgeon on such matters and will, of course, make every attempt to contact you and keep you always information if you have provided consent – please see below.

All veterinary fees must be settled by the owner on collection.

YOUR CONSENT

- ☐ I hereby consent Apple Tree Cattery to contact me in the unfortunate event of an illness, escape or death.
- ☐ I consent for my cat to be photographed and to be shared with me privately on WhatsApp.
- ☐ I consent for photos of my cat to be shared on social media.
- ☐ I consent for my cat to be treated for external parasites (without the consultation of a vet).

By signing this form, I hereby provide my consent for Apple Tree Cattery to act on my behalf in the event that my cat(s) need medical and/or treatment by a vet.

Print name		Signed	
		Date	

Please print and complete this form, then post it to Apple Tree Cattery, 165 Nottingham Road, Trowell, Nottingham, NG9 3PN.