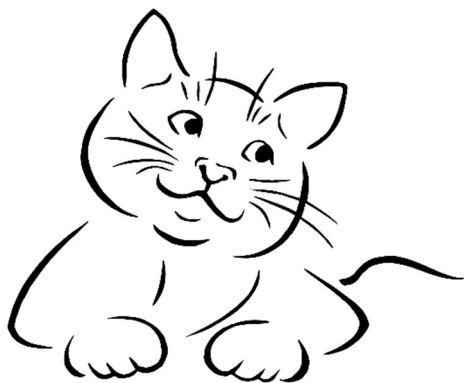




PUSSY PALACE CATTERY / SMALL PET HOTEL

NAME OF
OWNER _____

ADDRESS _____

_____ INSURED _____

HOME TEL. NO _____ MOBILE NO. _____

EMAIL _____

PERSON TO CONTACT IN YOUR ABSENCE _____ Tel _____

EMAIL _____

YOUR VET _____ TEL NO _____

VACCINATION DATE _____ MEDICAL CONDITIONS _____

MEDS _____ MICROCHIP No _____

NAME OF PET _____ SEX/N _____ DATE OF BIRTH _____ BREED/COLOUR _____

BRANDS OF FOOD USUALLY EATEN _____ ALLERGIES _____

I AGREE TO YOUR TERMS AND CONDITIONS AND AGREE THAT, IN THE CASE OF ILLNESS OR SUSPECTED ILLNESS, A VETERINARY SURGEON SHOULD BE CONSULTED AND , IF NECESSARY, BE ASKED TO CARRY OUT SUCH TREATMENT AS THEY CONSIDER NECESSARY. IF YOUR PET IS NOT COLLECTED AND PAID FOR ON THE GIVEN COLLECTION DATE YOU MUST INFORM THE CATTERY WITHIN 7 DAYS OR YOUR PET WILL BE CONSIDERED FOR REHOMING. CASH OR CHEQUE PAYMENT IS DUE ON COLLECTION OF YOUR PET. TWO WEEKS NOTICE MUST BE GIVEN OF ANY CANCELLATION OR THE FULL BALANCE IS PAYABLE . DEPOSITS ARE NON REFUNDABLE.

ITEMS /TOYS LEFT AT YOUR OWN RISK. Cats must bring their own cat scratcher. We reserve the right to separate pairs of cats should behavioural issues arise.

SIGNED _____ **DATE** _____
