

**NO CAT WILL BE ACCEPTED WITHOUT PROOF OF CURRENT VACCINATIONS**

Vaccinations must be completed a minimum of 14 days before boarding commences.

CAT'S NAME(S):			
DATE OF BIRTH / AGE:			
BREED / COLOUR:			
SEX:	Male / Female	Male / Female	Male / Female
NEUTERED / SPAYED?	Yes / No <small>(We accept males only if neutered)</small>	Yes / No <small>(We accept males only if neutered)</small>	Yes / No <small>(We accept males only if neutered)</small>
TEMPERAMENT: <small>(Friendly, Timid, Scratches!)</small>			
MICROCHIP NUMBER:			
INSURED?	Yes / No	Yes / No	Yes / No
ON MEDICATION?	Yes / No	Yes / No	Yes / No
ANY ALLERGIES? <small>(If yes give details)</small>	Yes / No <small>Details:</small>	Yes / No <small>Details:</small>	Yes / No <small>Details:</small>
ANY LUMPS / SCARS? <small>(If yes give details)</small>	Yes / No <small>Details:</small>	Yes / No <small>Details:</small>	Yes / No <small>Details:</small>
VET'S PRACTICE:			
VET'S NAME:		TELEPHONE NUMBER:	
<b>FEEDING HABITS</b>			
DRY FOOD PREFERENCE?	Adult - Salmon, Chicken, Any / Kitten / Senior / Weight Loss / Sensitive / None / Own .....	Adult - Salmon, Chicken, Any / Kitten / Senior / Weight Loss / Sensitive / None / Own .....	Adult - Salmon, Chicken, Any / Kitten / Senior / Weight Loss / Sensitive / None / Own .....
WET FOOD PREFERENCE?	Whiskas / Felix / Sheba / Gourmet / None / Any / Own .....	Whiskas / Felix / Sheba / Gourmet / None / Any / Own .....	Whiskas / Felix / Sheba / Gourmet / None / Any / Own .....
HOW MANY FEEDS?	1 / 2 / 3 meals per day	1 / 2 / 3 meals per day	1 / 2 / 3 meals per day
ALLOWED TREATS?	Yes / No	Yes / No	Yes / No
FUSSY EATER?	Yes / No	Yes / No	Yes / No
GRAZER?	Yes / No	Yes / No	Yes / No
<b>BEHAVIOURAL HABITS</b>			
ANY OTHER INFORMATION YOU WOULD LIKE TO TELL US ABOUT YOUR CAT(S): <small>For example: ex-rescue, sometimes scratches or bites, nervous of strangers</small>			

