



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
NEUTURED / 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 Details	Yes / No Details	Yes / No Details
ANY LUMPS / SCARS? <small>(If yes give details)</small>	Yes / No Details	Yes / No Details	Yes / No Details
VET'S PRACTICE:			
VET'S NAME:		TELEPHONE NUMBER:	

FEEDING HABITS

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
FEED SEPARATELY?	Yes / No / NA <small>Initial</small>	Yes / No / NA <small>Initial</small>	Yes / No / NA <small>Initial</small>
ALLOWED TREATS?	Yes / No	Yes / No	Yes / No
FUSSY EATER?	Yes / No	Yes / No	Yes / No
GRAZER?	Yes / No	Yes / No	Yes / No

BEHAVIOURAL HABITS

ANY OTHER INFORMATION YOU WOULD LIKE TO TELL US ABOUT YOUR CAT(S):

For example: ex-rescue, sometimes scratches or bites, nervous of strangers

VACCINATION DETAILS

CAT NAME(S):		Checked By/Date		Checked By/Date		Checked By/Date
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						
DATE ANNUAL BOOSTER GIVEN:						
DATE FLEA TREATMENT GIVEN:						
DATE WORMER GIVEN:						