

1 Saxon Way, Fairford, Glos, GL7 4GZ
 01285-711214
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www.thecatnap.com

Owner's Name:
Owner's Address:
Owner's Tel No:
Email:
Emergency Contact Name:
Emergency Contact No. / Email:
Vet's Name:
Practice Name:
Practice Address:
Practice Tel No:
Cat's Name:
Cat's Microchip Number:
<ul style="list-style-type: none"> • I give permission for worm/flea treatment to be given if necessary and have specified which worm/flea treatment was last used by me and when (booking form) • I agree to my cats being placed in separate units if it becomes clear they are not getting on and risk injury to themselves or each other (in which case the suites will be charged at individual occupancy rates) • I agree to give permission to contact the retained vet for thecatnap cattery if the proprietor is unable to contact my own vet should my cat show any sign of illness or injury • I agree to thecatnap cattery administering any prescribed treatment the vet considers advisable • I understand that the treatment will be given at my own expense • I give consent for euthanasia should this be recommended on humane grounds by the veterinary surgeon caring for my cat, in consultation with me where possible, my own veterinary surgeon and my emergency contact person
<p>Signature..... Date.....</p>