Low Furrow Cattery



CATTERY INFORMATION AND CONSENT FORM

OWNER DETAILS	Name:			
	Address:-			
	Contact Number (s):			
	Alternative contact if unavailable:-			
	NAME			
CATS DETAILS				
	DATE OF BIRTH			
	(current age)			
	BREED			
	COLOUR(S)			
ALTERNATIVE EMERGENCY CONTACT	NAME			
	ADDRESS			
	TELEPHONE			
	EMAIL			
CATS VETERINARY DETAILS	NAME			
	ADDRESS			
	TELEPHONE			
FLEA TREATMENT DATE				
WORM TREATMENT DATE				
VACCINATION DUE DATE				
SPECIFIC DIETARY NEEDS				
I hereby consent to the following:-				
a) Where I have given consent via the booking and boarding information for my cats to share the same pen, I confirm that they are able to share successfully and without conflict. b) Any cats booked in as sharing the same chalet, and they do not share successfully, therefore if it is felt necessary by the cattery staff, on the grounds of the cats welfare, they may be seperated and placed into seperate boarding accomodation. I confirm that I will be responsible for any additional boarding fees that result.				
c) The cats welfare is paramount, therefore in the event that my cat / cat(s) show signs of stress, are injured, or fall ill, or are generally unhappy in their pen, they may be moved to a				
quieter or observation pen as deemed necessary by cattery staff. d) Cats requiring medication to be administered (both preventative, and as treatment for current conditions), I give consent to this being done by cattery staff. I confirm that I have				
instructed them of the cats medical needs, and have provided instructions and also sufficient medication for the duration of their stay. e) I consent to my vet (as noted above) being consulted and any emergency treatment needed provided by them in conjuction with consultation with either myself or my appointed				
person. In the event of no consultee being available I agree that all emergency vital treatment (including initial first aid) provided by cattery staff and/or veterinary surgeons, that I will provide reimbursement as necessary.				
f) If it is deemed necessary, for the welfare of the cat, and in conjunction with a veterinary surgeon, I give my consent to them to be euthanised either under the direction of my vet, or if necessary under the direction of the Cattery Appointed Veterinary Surgeon.				
OWNER SIGNATURE CONFIRMING THE ABOVE POINTS AND THAT ALL INFORMATION PROVIDED IS CORRECT. I also confirm that I have read and agree to the terms and conditions.				
Signed:-				
Printed:-			Dated:-	This Consent form is valid until 31st December 2023.
FOR OFFICE USE ONLY				Signature of Cattery Staff:-
RECORD OF VAC SEEN AND A COPY RETAINED ON FILE				
MEDICATION RECEIVED AND INSTRUCTIONS NOTED ON RECORDS (PTO for information)				
CONSENT FORM COMPLETED, SIGNED AND CHECKED				