



# Booking Form

## Owner Details

Name: .....

Address: .....

.....

Home Phone:

Mobile:

Email address:

## Cat's Details

Arrival Date: ..... Departure Date: .....

Cats Name: ..... Age: .....

Date of Last Vaccination: .....

Male:

Female:

Neutered:

Current Vet's Name: .....

Vet's Address and Phone no: .....

Your Emergency Contact's Name: .....

Your Emergency no: .....

All due care will be taken during your cat(s) stay with us. Please note, responsibility will not be taken for events outside our control. In the event of your pet requiring veterinary care, please sign the authority below:

*I hereby give my permission for my vet or Golden Valley Vet to administer medications or procedures to my cat whilst in residence at The Willow Cats Hotel.*

*I confirm that my cat has not received any treatments for illness during the last seven (7) days and I have fully declared any ongoing medical conditions.*

*I confirm that I have read and understood the Terms and Conditions of The Willow Cats Hotel.*

Signed:

Date:

Print Name: