

# BARN OWLS LUXURY BOARDING CATTERY

I accept that in the case of illness or suspected illness, a veterinary surgeon will be consulted and if necessary, will carry out such treatment as he/she considers advisable at my expense.

If I do not collect my cat(s) or communicate my intentions to Barn Owls within 7 days of the due departure date Barn Owls reserves the right to remove the cat(s) from the cattery with a view to re-homing.

If my cat(s) suffers from an infestation of fleas, Barn Owls may apply appropriate treatment and make a charge.

## **Authorization for veterinary Treatment**

**In the event that my cat requires treatment during it's stay at Barn Owls, I have discussed and given my consent that we can contact your registered vet or use our own in an emergency.**

**In an Emergency cats will be treated by Eagle Vets Minister/Birch with your Consent**

**To comply with current legislation on data protection we must tell you what personal data we hold about you, why we hold it and why we need your permission to retain it.**

**We store data about clients to ensure we can contact them by telephone or email in cases of emergency and booking reminders.**

**We will not provide any data we hold to any other person or business except as required by law.**

**You may request to see the data we hold about you if so required.**

**We need to keep records of your name, your address, landline if any, mobile number and email address and the name and telephone number of your preferred contact in an emergency.**

**To hold these records we need your permission, by signing below you are allowing us to do so and also to consent for emergency vet treatment if your cat becomes ill.**

**Whilst every care and precaution are taken by Barn Owls Cattery, responsibility can only be accepted at owners' risk.**

**Signature----- Date-----**



# Barn Owls

Luxury Boarding Cattery

## BOOKING FORM

Please complete this form and email it back to us. We will then contact you to confirm your booking.

Date Taken:

Client dates:

From:

To:

No of Pens Required:

Owners Name:

Address:

Email:

Phone #:

Emergency Phone #:

Veterinary Surgeon:

Medications/Medical treatments:

Allergies:

Description of cat/Neutered/Colouring/Breed:

Cat(s) Name(s):

Microchip Numbers if any:

Date of last inoculation:

Flea Control Treatment:

Is brushing required/permitted? Y/N

**Food Requirements – Likes & Dislikes?:** Supplied within your daily rates are Whiskas/Felix Pouches & Biscuits. If you would like to bring your own please feel free to do so and we will feed accordingly. Also if you would like to bring your own toys/baskets/throws please list here:

**Health & Habits:**

**Deposit Paid Cash/Cheque**

**Grand Total to pay £.....**

**Pickup Date:**