



Brockhills Cattery, Brockhills Lane, New Milton, Hampshire. BH25 5QL

Phone : 07555 44 25 25

Email: gerard@brockhillscattery.co.uk

Booking Form

Please complete this form to request a reservation at Brockhills Cattery.

|  |
| --- |
| Dates |
| Owner’s full name |
| Address |
|  |
| Home contact numbers |
| Email Address |
| Holiday Address |
|  |
|  |
| Holiday contact numbers  |
| Emergency contact (name and number) |
| Emergency contact 2 ( name and number) |
| Veterinary Practice Name  |
| Address  |
|  |  |
| Phone number | Is your vet aware of your booking? |
| **Important**Please remember to have your cat’s booster vaccinations at least two weeks prior to coming to stay and bring your Vaccination Card when you check in. We are unable to care for your cat without it (licencing rules).Furthermore, please ensure your cat has had veterinary approved flea and worm treatment at least 7 days prior to your cat’s stay and inform us of the product used. |
| Name of Cat 1 | Breed and colour |
| Age | Male | Female | Neutered  | Insured |
| Vaccination date | Microchip number |
| Flea & worm treatments applied and date |
| Feeding preferences ( special veterinary food/ amounts)  |
|  |
| Medical requirements |
|  |
|  |  |
| Name of Cat 2 | Breed and colour |
| Age | Male | Female | Neutered  | Insured |
| Vaccination date | Microchip number |
| Flea & worm treatments applied and date |
| Feeding preferences ( special veterinary food/ amounts)  |
|  |
| Medical requirements |
|  |
|  |
| Do you give consent to house your cats together and separate if necessary? |
|  |
| Additional information which will enable your cat to have a pleasant stay. |
|  |
|  |

If you wish to bring your cat’s favourite toy, bedding, scratching post etc. you are most welcome. Please ensure you cat is transported in a secure and escape proof container.

I have read and agree to the terms and conditions in relation to this booking.

Signature Date

I have read and agree to the GDPR policy.

Signature Date