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Professional pet sitting and Dog boarding in Colchester, Essex

Booking form: cats part 1

Please answer ALL questions as accurately as possible to ensure the safety of your pet, thank you.

| YOUR DETAILS | | | |
|---|------------------|-------------------|---|
| Name: | | Email: | |
| Home Address: | | | |
| Tel: | | | |
| HOLIDAY CONTACT | | | |
| Holiday Address: | | | |
| Tel: | | | |
| Alternative relative or friends contact details | | | *Alternate to mobile if poss/applicable |
| Name: | | Email: | |
| Address: | | | |
| Tel: | Mobile: | | |
| VET CONTACT | | | |
| Vet's Address: | | | |
| Vet's Phone Number: | | | |
| PET INFORMATION | | | |
| Number of Pets? | Name of Pet(s)? | | |
| Are Your Pet(s) vaccinations up-to-date? | | YES/NO | (Please circle) |
| WHICH SERVICE DO YOU REQUIRE: | | | (Please circle) |
| Cat/Small Animal Feeding/Visits: | 1 x 20 min visit | 2 x 20 min visits | |
| Please specify below dates you wish your pet(s) | to be cared for: | | |
| Start Date: | | | |





Booking form: cats part 2

| CAIS | | |
|--|---------------------|-----------------|
| How many cats do you require f | eeding? | |
| What time are your cat(s) norma | ally fed? | |
| Have your cat(s) been neutered | or spayed? | (Please circle) |
| Neutered | Spayed | |
| Do your cats have access to a ca | at flap? | (Please circle) |
| YES | NO | |
| If yes do you require the cat flap to be open at all times? | | (Please circle) |
| YES | NO | |
| If no, please specify what time of day your require it shut? | | (Please circle) |
| Day | Night | |
| Are your cats friendly? | | (Please circle) |
| YES | NO | |
| Are they scared of anything? (pe | ople, thunder, etc) | (Please circle) |
| YES | NO | |
| If yes please give more details: | | |





Booking form: cats part 3

| CATS | | | | | | |
|---|--|--|--|--|--|--|
| How old is your cat? | | | | | | |
| Vhat Breed is your cat? | | | | | | |
| What Colour is your cat? | | | | | | |
| Is your cat a rescue? Yes / No | | | | | | |
| lf yes, do you know its background? Yes / No | | | | | | |
| How long have you owned your cat? | | | | | | |
| Does your cat have any medical problems? Yes / No | | | | | | |
| Has your cat been ill In the last 30 days? Yes / No | | | | | | |
| Did you consult a vet? Yes / No | | | | | | |
| If your cat has been ill, please give a brief description of illness: | | | | | | |
| | | | | | | |
| Is your cat currently taking any medication? Yes / No | | | | | | |
| If yes, please specify: <u>please complete the medical form</u> : | | | | | | |
| ls your cat allowed treats? | | | | | | |
| Noes your cat have any allergies? | | | | | | |





Terms & conditions

| ALL PET OWNERS | | | | |
|---|---|-----------------------------|--|--|
| In the event of yourselves (owners) being your pets to go. | involved in a fatal accident | t, please advise to v | where or to whom you would like | |
| Name of Person/Organisation (<u>not</u> trave | lling with you) to take your p | pet: | | |
| Address: | | | | |
| Tel: | Mob: | | Email: | |
| | | | | |
| PLEASE READ OUR TERMS & CONDITION | DNS (and agree by signing b | elow) | | |
| play, or just from day to day activities. A | ny injuries sustained whilst | in the care of 5 Sta | are animals and may suffer injuries through or Pet Services that may or may not require nquishes us from any liability. We will not | |
| CANCELLATIONS | | | | |
| I/We understand that any cancellations required to pay Deposits, Cancellations F | | | f appropriate notice is not given we are | |
| Bookings: a minimum of 48 hours notice must be given for cancellation of all other services including bookings of less than £75.00. Failure to do so will result in payment being due in full. | | | | |
| PAYMENT | | | | |
| Deposits and payment in full can be madetc, will be subject to a £25.00 handling | | Transfer. Any paym | nent that is unsuccessful e.g. returned Cheque | |
| | re going away and that 5 star Pet servi | ices are taking care of the | y. Any visit or treatment at the vets will be at cost to yourselves m. You may be able to ask them to defer payment until your any responsibility. | |
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| | | | | |
| I confirm that I have read, understood and | agree to the above Terms & (| Conditions, please s | ign below: | |
| Signed: | | Dat | red: | |
| Thank you, | | | | |
| 5 Star Pet Services | | | | |