Hocus Pocus Cat Hotel

2 Dalhams, Poole Street,

Cavendish

Suffolk

CO10 8BE

07922 665131

joanne@hocuspocuscathotel.com

**BOOKING FORM**

Please complete this form to request a reservation at Hocus Pocus Cat Hotel.

A non-refundable deposit, which is equivalent to three days boarding, secures your booking.

***NB: We are not open to the public for arrival or departure on Sundays or Bank Holidays.***

|  |  |  |  |
| --- | --- | --- | --- |
| Arrival Date & Time: |  | Departure Date & Time: |  |
| Owners Full Name: |  |
| Address: |  |
| Home Tel: |  | Mobile:  |  |
| Email Address: |  |
| **Emergency Contact 1:**(Name, Address and Telephone No.) | *Please select someone other than yourself.* |
| **Emergency Contact 2:**(Name, Address and Telephone No.) | *Please select someone other than yourself.* |
| **Veterinary Practice:**(Name, Address and Telephone No.) |  |

**Important**

Please note that **we cannot accept your cat for boarding without an up-to-date record of vaccination** which is to be kept on site throughout the duration of your cat’s stay. The course of vaccinations and routine treatment for fleas and worms must have been completed at least 2 weeks before the first date of boarding. Please ask if you are unsure.

**Details of Cat 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Cat’s Name: |  | Breed: |  |
| Colour: |  | Age: |  |
| Sex: |  | Neutered: | *All cats over 6 months must be neutered* |
| Insured: | *If yes, provide details:*  |
| Vaccination Date: |  | Microchip No. |  |
| ***IMPORTANT: Please supply a scan/photo*** *of your cat(s) vaccination card for evidence of vaccination along with this booking form. This must include the cat(s) name/details page and vaccinations page. You will still need to bring the vaccination card with you when you drop off your cat.*  |
| Flea & Worm Treatment Name of Product Applied:Date of treatment: |  |

|  |  |
| --- | --- |
| My cat is usually an outdoor cat: | Yes / No |
| Usual Cat Litter used at home: |  |

**Feeding Preferences:It is important that your cat sticks to the diet they’re on at home** or they may lose weight, experience diarrhoea and vomiting or may even refuse to eat.

Please tick which food you would like us to feed your cat(s). All the food we provide is adult, please specify if they require Kitten / Senior.

**Dry Food** (Kitten / Adult / Senior)

|  |  |  |
| --- | --- | --- |
| [ ]  Whiskas | [ ]  Go Cat | [ ]  Iams |

**Wet Food** (Kitten / Adult / Senior)

|  |  |  |
| --- | --- | --- |
| [ ]  Felix Pouches in Jelly | [ ]  Whiskas Pouches in Jelly | [ ]  Sheba Pouches in Jelly |
| [ ]  Felix Pouches in Gravy | [ ]  Whiskas Pouches in Gravy | [ ]  Sheba Pouches in Gravy |
| [ ]  **I will bring my own cat food** *(Please provide enough food for the duration of your cat’s stay)* |

**How much do you feed your cat(s) and at what times?**

|  |  |
| --- | --- |
| **Dry Food***How much dry food do they normally have? For example: 40g left down all day, or a small handful given at 7am and 6pm.* | **Wet Food***How many pouches do you feed and at what time? For example: 1 pouch at 7am and 6pm and ½ pouch at 10pm.* |
|  |  |

**Medical Requirements**

|  |
| --- |
| For example: medical history, previous injury, current treatments, behaviour issues, mobility issues. |

**The 2018 Regulations encourage the use of toys and puzzle feeders to enrich your cat’s experience of a cattery.**

|  |
| --- |
| Please indicate your consent or otherwise to their use. Please tick all that apply.[ ]  I wish my cat to continue using the toys I bring into the cattery for him/her to play with.[ ]  My cat doesn’t play with toys. [ ]  My cat would enjoy using a puzzle feeder and I consent to its use in the cattery. [ ]  My cat would enjoy playing with toys in the cattery and I consent to their use. *All toys used in the cattery are designed specifically for use by cats and are clean and disinfected* |

**Additional Information which will enable your cat to have a pleasant stay:**

|  |
| --- |
| For example: Likes a fuss, likes to be left alone, friendly, not friendly, may bite, likes chin rubs etc. |

**WhatsApp**

Only complete this section if you wish to be updated/sent pictures of your cat’s holiday.

|  |  |  |
| --- | --- | --- |
|  | WhatsApp Tel No.  |  |
| Frequency: | [ ]  Once during stay[ ]  Twice during stay[ ]  Three times during stay |

If you wish to bring your cat’s favourite toy, bedding, scratching post etc. you are most welcome.

Please ensure your cat is transported in a secure and escape proof container.

I have read and agree to **the Data Protection and Privacy Policy.**

Signature ………………………………………………. Date ……………………….…………………….

Print Name ……………………………………………………….

I have read and agree to the **Terms and Conditions** in relation to this booking.

Signature ………………………………………………. Date …………………………….……………

Print Name ……………………………………………………….