
The Cattery

5* LUXURY BOARDING



Authorisation for Veterinary Treatment

I agree that in the case of illness or suspected illness, a Veterinary Surgeon will be consulted and if necessary will be called in to carry out such treatment as considered advisable at my expense. Where possible we will contact your own vet, as they will have access to your cat's medical history details. If this is not possible, your cat/s will be taken to Corner House Vets, Herne Bay (Our Registered Vet).

Your Vet _____

Address _____

_____ Post Code _____

Telephone _____

Please ensure you have an undertaking with your vet that while your cat/s is/are boarding with us you will settle any bill on your return with them.

Whilst every care and precaution are taken by the management of **The Cattery** responsibility can only be accepted at the owners' risk.

Cats Name _____

Cats Name _____

Cats Name _____

I agree to let my cats be housed in the same pen during their stay at **The Cattery**, and following any problems, I allow **The Cattery** to separate them.

This authorisation will be kept on file for future stays that your cat/s may take with us.

Your information and Details will only be held by us and **will not** be disclosed to any third parties. Your signature also confirms that you are happy for us to hold this information.

Owners Signature _____

Print Name _____

Date _____