



Kohimarama Veterinary Clinic Limited



R. S. Tucker B.V.Sc. M.A.C.V.Sc.

CATTERY ADMISSION FORM

This sheet is to be filled in completely (both sides) and presented on admission.

<u>Owner's Details</u>	<u>Cat's details</u>
Name: _____	Name: _____
Address: _____ _____ _____	Sex: _____ Age: _____
Phone Number: _____	Breed: _____ Colour: _____
We must be able to contact someone who has authority regarding your cat's health care during its stay with us.	Date and Type of last vaccination: _____
Contact Name: _____	Name: _____
Contact Number: _____	Sex: _____ Age: _____
Alternative Contact: _____	Breed: _____ Colour: _____
I give my consent for any veterinary treatment necessary to be carried out at my expense. I understand the cattery will take all possible care of my cat but accepts no responsibility for illness or injury while boarding.	Date and Type of last vaccination: _____
Signed: _____	<u>Boarding Dates</u>
Date: _____	Boarding required from: _____
	To: _____
	We prefer drop off and collection between the hours of 10am – 2pm.
	No cats will be admitted or discharged outside normal clinic hours.

<p><u>Food Preferences</u></p> <p>We feed high quality dry foods such as Hills. In case your cat will not eat these foods please list below your cat's preferences.</p> <p>IT IS IMPORTANT WE KNOW DETAILS OF DIET PLEASE!!!!</p> <p>_____</p> <p>_____</p>	<p><u>Health Problems & Medication</u></p> <p>Please indicate if your cat has any current health problems or is on any medication.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Worming and Flea Control</u></p> <p>All cats will be wormed and treated for fleas prior to admission if treatment is not current. There will be a charge to cover the costs of this treatment.</p> <p>Last worm treatment: _____</p> <p>Last flea treatment: _____</p>	<p><u>Personal Items</u></p> <p>Please list any items to be left with your cat.</p> <p>_____</p> <p><u>Personality Traits</u></p> <p>_____</p> <p>_____</p>

<p>For staff to complete.</p>	<p>Veterinary Notes:</p>
<p>Flea Tx due: Yes / No - <input type="checkbox"/></p> <p>Worm Tx due: Yes / No - <input type="checkbox"/></p> <p>Nails clipped - <input type="checkbox"/> Name collar - <input type="checkbox"/></p> <p>Other: _____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>