



# 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: _____
<b>We must be able to contact someone who has authority regarding your cat's health care during its stay with us.</b>	<b>Date and Type of last vaccination:</b> _____
<b>Contact Name:</b> _____	Name: _____
<b>Contact Number:</b> _____	Sex: _____ Age: _____
<b>Alternative Contact:</b> _____	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.	<b>Date and Type of last vaccination:</b> _____
Signed: _____	<b><u>Boarding Dates</u></b>
Date: _____	<b>Boarding required from:</b> _____
	<b>To:</b> _____
	<b>We prefer drop off and collection between the hours of 10am – 2pm Week days and 10am-1pm on Saturday. No cats will be admitted or discharged outside normal clinic hours.</b>

<p><b><u>Food Preferences</u></b></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><b>IT IS IMPORTANT WE KNOW DETAILS OF DIET PLEASE!!!!</b></p> <p>_____</p> <p>_____</p>	<p><b><u>Health Problems &amp; Medication</u></b></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><b><u>Worming and Flea Control</u></b></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><b><u>Personal Items</u></b></p> <p>Please list any items to be left with your cat.</p> <p>_____</p> <p><b><u>Personality Traits</u></b></p> <p>_____</p> <p>_____</p>

<p><b>For staff to complete.</b></p>	<p><b>Veterinary Notes:</b></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>