

**100 West Coker Road, Yeovil, BA20 2JG**

**pets@happytailsyeovil.co.uk**

**Booking Form**

**Owner Information:**

First Name: ................................................................... Surname: ....................................................................

Address: ................................................................................................................... Postcode:.........................

Home Phone: ............................................................... Work Phone: ...............................................................

Mobile Phone: ............................................................. Email: ..........................................................................

**Emergency** Contact Name: ......................................... Telephone: ..................................................................

Address: …………………………………………………………………… Email: ……………………………………………………………………….

**Booking Details**

Start Date: .................................................................... End Date: .............................................................

Arrival Time: ................................................................. Collection Time: ..................................................

Deposit Paid (amount/how paid):……………………………………………………….............................................................

**Cat Information**

**Name:** .......................................................... Colour: ............................ Age: ..................................

Sex: M/F Spayed/Castrated Yes/No Chipped: Yes/No Chip No.:…………………………

Copy of vaccination received Yes/No Date/type of Last flea treatment:…………………………………

Pre-existing Medical Conditions:…………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………

**Name:** .......................................................... Colour: ............................ Age: ..................................

Sex: M/F Spayed/Castrated Yes/No Chipped: Yes/No Chip No.: ………………………..

Copy of vaccination received Yes/No Date/type of Last flea treatment:………………………………….

Pre-existing Medical Conditions:…………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………

**Name:** .......................................................... Colour: ............................ Age: ..................................

Sex: M/F Spayed/Castrated Yes/No Chipped: Yes/No Chip No.: ………………………..

Copy of vaccination received Yes/No Date/types of Last flea treatment:…………………………………

Pre-existing Medical Conditions:…………………………………………………………………………………………………………………….

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**Veterinary Information**

Name of Veterinary Surgeon: ............................................................................................................................

Address of Practice: ...........................................................................................................................................

Telephone Number: ...........................................................................................................................................

Do you have pet insurance?...................................... Details:…………………………………………………………………………

**Feeding**

Times of usual feed: ..........................................................................................................................................

Type and Quantity of food to be provided (including treats): ...........................................................................

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**Photos/video**: I am happy to have my cats/s photo taken for the Happy Tails Yeovil Cat Hotel website and Social Media pages. No personal information will be used apart from the cat’s name(s) **Yes/No**

**Medication**

Type of Medication: ...........................................................................................................................................

Reason for Medication: ......................................................................................................................................

Instructions for administering: ...........................................................................................................................

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Times to be Administered: .................................................................................................................................

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**Personal Belongings left for duration of stay:**

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**Checklist:**

Booking Form is fully completed by Owner

Terms and Conditions have been read, understood and signed

The Veterinary Authorisation form is completed and signed

Owners Signature:………………………………………………………. Print Name: …………………………………………………………………………

Date: ………………………………………………………………………….