

## BOOKING FORM AND COLLECTION FORM

Please telephone your provisional booking before filling in this form.  
All bookings are provisional until the booking form is returned.

**Please return the booking form to:**

**Mrs. Tracey Rock, 239 Tixall Road, Stafford, ST16 3XS**  
**T 01785 611577,**  
**enquiries@stepscattery.co.uk**

STEPS  
CATTERY



I/we would like to book our cat into Steps Cattery

from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ a total of \_\_\_ nights.

### OWNER'S DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact no. \_\_\_\_\_

Mobile no. \_\_\_\_\_ Emergency no. \_\_\_\_\_

### CAT'S DETAILS

Name \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Colour \_\_\_\_\_

Diet \_\_\_\_\_

Special requirements \_\_\_\_\_

Any medical conditions \_\_\_\_\_

Is your cat taking any medication? Yes / No If yes, what? \_\_\_\_\_

How often do they require the medication? \_\_\_\_\_

Vaccination history \_\_\_\_\_

Flu vaccination date \_\_\_\_\_

Tetanus vaccination date \_\_\_\_\_ (Please note: you must bring the vaccination card with you when you drop off your cat)

Any other information you feel we need to know \_\_\_\_\_

### DETAILS OF VETERINARY SURGEON/PRACTICE

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel no. \_\_\_\_\_ Emergency contact no. \_\_\_\_\_

If my cat requires the attention of the veterinary surgeon I agree to pay their fees when I collect my cat.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### COLLECTION SLIP

I/we have collected our cat.

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_