

**Wayside Kennels & Cattery**

**Tel: 01462 813261**

Chapel Road, Meppershall, Beds. SG17 5NQ

[waysidekennels.cattery@yahoo.co.uk](mailto:waysidekennels.cattery@yahoo.co.uk)



**CAT REGISTRATION FORM**

Owners name..... Email.....

Address and Postcode.....

Tel. home.....mobile.....

EMERGENCY CONTACT /name/ number (s) .....

**\*\*\*Please note – on rare occasions your emergency contact may be required to look after your pet**

Cats Name.....Breed.....

D.O.B.....Male / Female When in season.....

Cats from the same family will be housed together unless requested otherwise

Cats housed together YES / NO

IS YOUR PET INSURED YES/NO If so – who with.....

MICRO CHIP NUMBER .....

**Behaviour and Temperament (aggression, bites, scratches, nervous etc) .....**

.....  
.....

**DIET (please give details of quantity & routine).....**

Whiskas in Jelly/Gravy Whiskas Complete dry Own food wet or dry

Felix in Jelly/Gravy Go Cat Complete Dry

Cats are fed both wet and dry unless requested differently

We are happy to feed supplied food but offer no discount

*Has your Cat attended any other Catteries YES / NO if yes cattery name .....*

Has your Cat been refused entry to any Catteries – YES / NO If so please explain why.

**Veterinary Surgeon.....**

**FULL VACCINATIONS ARE COMPULSARY AND REQUIRED FOR YOUR PETS PROTECTION-**

**PLEASE ASK YOUR VET FOR GUIDANCE**

***We reserve the right to refuse entry to any pet, if vaccinations are not complete, correct or up to date. a pet that shows any signs of illness or mistreatment, considered to be too old or fragile for boarding.***

**Annual Booster – Date Given.....Date Due.....**

Type given.....

**Annual Boosters MUST BE ADMINISTERED 2 weeks before boarding.**

**New Courses for young pets or lapsed vaccinations will take approx 6 weeks – please ask your vet**

**MEDICATION Reason Required.....**

**Details .....**

I have seen / been given and accept the Business Hours and Terms and Conditions

Signed.....

**Additional Comments**