



CAT RESERVATION FORM					
OWNER'S NAME AND ADDRESS:			PET NAME:		
			BREED/TYPE:		
			AGE/GENDER:		
HOME TELEPHONE NO:			ARRIVAL DATE:		
MOB NO 1:			ARRIVAL TIME:		
MOB NO 2:			DEPARTURE DATE:		
EMERGENCY CONTACT			DEPARTURE TIME:		
VET'S NAME, ADDRESS AND TEL NO:			ADDITIONAL INFORMATION:		
			eg; any medication the cat is taking, food		
			times/amounts & permission for cats from same household to share a unit.		
FUTURE DATES:					
CONDITIONS OF ACCEPTANCE OF CATS					
<p>All cats must have been vaccinated against cat flu, enteritis and feline leukemia  A certificate of inoculation must be produced when dropping off pets for boarding.  Boarding of cats is agreed to with the understanding that if the cat is not collected within 14 days of the agreed departure date (and any subsequent boarding fee arrears paid), Copperbeech kennels have the authority to sell or otherwise rehome the cat.</p> <p>I agree to the above conditions.</p>					
Signature ..... Date ..... DETAILS FOR PAYING BY BANK TRANSFER:      SORT CODE 011001   A/C NO: 69537798 PLEASE QUOTE YOUR SURNAME AND CAT'S NAME AS REFERENCE. (Please arrange for payment to be made 3 days before collection of your cat)					
Thank you for booking with us					
For office use only: Vaccination cert seen: <input type="checkbox"/> Expiry Date: <input type="checkbox"/>					
No of nights:		Cost Per Night:		Total :	
Paid Cash:		Cheque:		Card:	
				B.Trans	