

# CAT ADMISSION FORM

Owner's Name .....

Owner's Address.....

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

Emergency Contact Name .....Phone..... Mobile.....

Additional Contact Name .....Phone..... Mobile.....

Name of Veterinarian.....Phone.....

I agree that in case of emergency my cat/s should attend the Evans Head Veterinary Clinic for treatment due to its proximity. Please circle Yes I agree No only seek treatment from Veterinarian named above.

Cats Name..... Age..... Sex..... Breed/Colour.....Desexed.....

Is your cat treated regularly for internal parasites Yes No For fleas Yes No For ticks Yes No

Does your cat have any health problems.....

Is your cat on any medications .....

Please list any special dietary requirements.....

2<sup>nd</sup> Cats Name..... Age..... Sex..... Breed/Colour.....Desexed.....

Is your cat treated regularly for internal parasites Yes No For fleas Yes No For ticks Yes No

Does your cat have any health problems.....

Is your cat on any medications .....

Please list any special dietary requirements.....

**IF YOUR CAT IS ON PRESCRIBED MEDICATIONS PLEASE BRING IN THE ORIGINAL PACKAGING WITH THE DOSAGE INSTRUCTIONS AND PRESCRIBING VETERINARIAN CLEARLY VISIBLE.**

If you wish to supply your cats normal food, please ensure it is in single serve portions in sealed containers or ziplock bags clearly labelled with your cats name.

I understand that my cat must remain in a carrier at all times until in the care of a Paw Park Pet Resort staff member.

**I HAVE READ AND SIGNED THE TERMS AND CONDITION OF BOARDING CONTRACT AND AGREE TO BE BOUND BY ITS TERMS.**

Name (Please print)..... Signature.....Date.....

We would love to know how you found us, eg television, google, friend, vet etc .....