



Meadway Moggies
CATTERY



**ATTACH
YOUR CAT'S
PHOTO**

CAT'S Name..... BREED.....

Date of Birth..... Male Female Neutered/Spayed

OWNER'S Name.....

Address.....Postcode.....

Ph (03).....Mobile.....Email.....

Date of Vaccination.....Last Worming.....Medication?.....

Diet?.....

EMERGENCY CONTACT..... Ph.....

AUTHORISATION

I/We agree that in case of illness or suspected illness our nominated veterinary surgeon

.....

Ph.....

will be contacted and if necessary requested to carry out such treatment as considered advisable at owner's expense.

Whilst every care and precaution is taken, responsibility can only be accepted at owner's risk.

If by unforeseen circumstances we are not able to contact the above veterinary surgeon or you, do you give us permission to use another veterinary surgeon? Y N

Have you read and understood all the boarding information?

This includes phone calls & emergencies. Y N

Do you understand and agree to drop off/pick up your cat within our specified times? Y N *(A late fee of \$50 will be charged)*

Please inform management if there is ANYTHING you need to discuss with us.

The signing of this authorisation will also cover any future boarding arrangements with your cat(s) at Meadway Moggie's facilities.

Signed (or initials).....