



# Client Information

Name	
Address	

Contact numbers	Home	
	Work	
	Cell	

Work address	

Yes	No

Do you Want us to contact you in case of an emergency

If Yes , What Number

If we cannot get hold of you, or you don't want us to please supply contact details of another person

Name	
Contact	

Guests Details					
Name	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>
Breed	<input type="text"/>	Colour	<input type="text"/>		
Date of Last Vaccination	<input type="text"/>				
Has cat had Snuffles/ Cat Flu?	<input type="text"/>				
Is this cat on Chronic Medication	<input type="text"/>		Name of Drug	<input type="text"/>	
Dosage / Instructions	<input type="text"/>				
	<input type="text"/>				
Grooming and other requirements	<input type="text"/>				

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<input type="text"/>					
Grooming and other requirements					

Do you want any of your cats to share a kennel?

Names  and

Names  and

Preferred Diets	Hills Feline Maintenance	<input type="checkbox"/>
	lams Savoury Chicken	<input type="checkbox"/>
	Royal Canin Fit 32	<input type="checkbox"/>

I would prefer to provide my own cats food

Do you want your cats to have access to the outdoor area?

Name of Veterinary Clinic Used

Name of Vet (if one is preferred)

I Hereby give permission for the Staff of Posh Cats to:

Treat my cat for fleas if necessary

At my expense solicit veterinary advice and or treatment from my vet if I am not contactable

I undertake to see that my cat/cats are vaccinated annually and I will provide proof thereof

I have received and undertake to familiarise myself with Posh Cats Protocol.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Bank Details            Posh Cats

Bank                    ABSA

Branch                 511917

Account                4067090892

Please use your surname as the reference

Fax proof of payment to 041 5815417