



For office use only –
Customer ID: _____
On System: _____

CAT BOARDING CONTRACT

Boarding opening hours only

Monday to Friday - 10am to 11:30am & 2:30pm to 4pm

(Closed 11:30am to 2:30pm)

Saturday - 10am to 1pm

Sunday & Bank Holidays – Closed to the public

Please note these are **STRICT** opening hours.

Please do not ask to collect or drop off outside of these hours or ask to board in our dog daycare hours.

Owner's Details

Name - Mr/Mrs/Miss/Ms/Dr _____
Home Number _____ Work Number _____
Mobile Number(s) _____
E-mail _____
Home Address _____
_____ Post Code _____
Emergency Contact Name/ Number _____

Cat(s) Information

Cat Name(s) _____
Sex - Male / Female **Neutered** - Yes No
(We no longer accept non-neutered cats over 18 months of age.)
Colour/Breed _____ Date of Birth / Age _____
Microchipped - Yes No Number: _____ Pet Insurer: Yes No _____
Had Flea treatment Date: _____ Had Worm treatment Date: _____
Please ensure your cat(s) are fully up-to-date with flea & worm treatment for every stay.

Food

We do not supply food or treats. Please ensure you bring enough food for an extra three days in case of delays. If additional food needs to be collected, charges will apply (see website for details).

AM Food / Treats – What Brand _____

Restrictions and Quantity _____

LUNCH Food / Treats – What Brand _____

Restrictions and Quantity _____

PM Food / Treats – What Brand _____

Restrictions and Quantity _____

If your cat(s) are on medication, please see our website for the medication form & procedures.

Questions

Please be honest for the safety of your pet(s), other people's pets & staff.

1) Are you aware of any reason why we should approach your cat(s) with caution?

2) Has/Have your cat(s) ever bitten anyone?

3) Has/Have your cat(s) ever been refused entry to a cattery establishment?

4) How do your cat(s) behave around other cats and people?

5) Can your cat(s) use a cat flap?

6) What are your cat's fears or phobias?

7) Do your cat(s) have any allergies?

8) Explain your cat's character/behaviour traits:

9) Has/Have your cat(s) visited the vet or required medical treatment in the past 5 years? (For example: ears, eyes, teeth, anal glands, skin problems, cuts & infections etc)

Please give full details

Anything else we should know

Consent Form

Owner's Name: _____

Cat Name(s): _____

This agreement is made between Four Paws Country Pet Hotel ("Four Paws") and the Owner ("Client") for the boarding of the above-named cat(s)

Behavioural Changes

The Client agrees to notify Four Paws staff of any changes in their cat's behaviour, temperament, or health since their last visit. This includes but is not limited to, aggression, anxiety, illness, injury, or changes in medication.

The Client understands that failure to disclose relevant information may affect the safety and well-being of their pet or others

Agree Disagree - Comments _____

Multiple Cats

The Client authorises Four Paws to accommodate the cats listed above together in the same suite, unless otherwise requested by the Client. While Four Paws will do our best to ensure all cats utilise the litter trays daily, we cannot guarantee this will always be the case.

Agree Disagree - Comments _____

Food & Feeding

The Client must provide their cat(s) with a complete and balanced diet appropriate to their age, breed, size, and activity level. The Client authorises Four Paws staff to provide alternative food if the cat does not eat the food supplied from home. Four Paws will make reasonable efforts to select food suitable for the cat's dietary needs.

The Client further authorises Four Paws to adjust the type or quantity of food provided or add a food topper if it is deemed necessary for the cat's health or wellbeing. The Client acknowledges and agrees that additional fees may apply if Four Paws staff are required to purchase food on the Client's behalf.

Agree Disagree - Comments _____

The Client understands that Four Paws cannot guarantee that cats housed together will consume only their own designated food. If, for any reason, the cats are required to be fed separately, the Client is advised to supply some form of alternative method to ensure that the cat(s) can be fed separately. We recommend microchip feeders for each cat.

I understand - Comments _____

Allergy Disclosure

The client confirms whether their cat has any known allergies, sensitivities or adverse reactions to food, treats, medication, supplements or the environment. The client will keep Four Paws informed of any changes in writing; failure to disclose such information may impact the care provided.

Please specify below (write "None" if not applicable)

Agree Disagree - Comments _____

Digestive support

The Client authorises Four Paws to administer a digestive support pre & probiotic to the cat(s) if loose stools occur during the stay. The Client acknowledges that this measure is taken solely for the cat’s comfort and well-being and does not replace veterinary care. Four Paws will contact you if administered

Agree Disagree - Comments _____

Personal Items (Toys, Bedding & Enrichment)

The Client is encouraged to provide personal items such as enrichment, toys, and a blanket for their cat’s comfort during their stay. The Client acknowledges that while reasonable care is taken, Four Paws is not responsible for the loss, damage, or destruction of any personal items.

The Client further understands that some cats may chew, ingest, or otherwise damage toys, enrichment items, or bedding. Four Paws shall not be held liable for any injury, illness, or veterinary expenses resulting from the use of such items provided by the Client.

Agree Disagree - Comments _____

Four Paws Items (Toys, Bedding & Enrichment)

The Client authorises Four Paws to provide additional or alternative bedding if deemed necessary for the cat’s comfort, safety, or wellbeing during their stay. The Client acknowledges and agrees that Four Paws toys and enrichment items may be used.

The Client further understands that some cats may chew, ingest, or otherwise damage toys, enrichment items, or bedding. Four Paws shall not be held liable for any injury, illness, or veterinary expenses resulting from the use of such items provided by Four Paws.

Agree Disagree - Comments _____

Media Permission

The Client grants Four Paws permission to use cat's name, photograph(s), video(s) for social media, website content and promotional materials. The client understands that such use will be positive and promotional in nature and that no compensation will be provided.

Agree Disagree - Comments _____

Acknowledgement and ongoing agreement

The client confirms that they have read and understood all terms & conditions outlined in this agreement. The client certifies that all information provided regarding their cat(s) is true, accurate, and up to date. The Client understands and agrees that this agreement shall remain valid for all current and future visits to Four Paws Country Pet Hotel unless updated or replaced in writing

Client Signature: _____ Date: _____

Vet Notification Form

Dear (*Registered Veterinary Practice*) _____

This is to inform you that I have engaged the services of Four Paws Country Pet Hotel to care for my cat(s) during my absence

Cat Name(s) _____

Should my cat(s) require medical attention while in the care of Four Paws Country Pet Hotel, I authorise you to provide and extend treatment. I, the owner, will be responsible for the payment of the veterinary services.

Should Four Paws Country Pet Hotel require any information or supplies from my veterinary practice regarding my pet(s) i.e. vaccinations, medical history, medication, food and so on, I give full permission for such information to be shared with Four Paws Country Pet Hotel, and agree to pay for any items needed OR that the practice may advise/recommend.

This signature of consent shall apply indefinitely from time to time should we engage the services of Four Paws Country Pet Hotel again in the future.

Yours sincerely

Client Signature
Pet Owner

Print Name

Date.....

Terms & Conditions

Four Paws Country Pet Hotel and the Client

Mr/Mrs/Miss/Ms/Drherein agrees as follows:

The initial term of this contract shall be from the date of the first visit _____ through to the final visit_____

The terms shall apply indefinitely from time to time should we engage the services of Four Paws Country Pet Hotel again in the future.

Four Paws Country Pet Hotel is fully authorised by signature below to seek and obtain veterinary care with release from all liabilities related to transportation, treatment, and expense.

Although every reasonable care will be taken at all times, due to the unpredictability of animals Four Paws Country Pet Hotel will not be held liable by the client for the death or injury of pets or animals.

Four Paws Country Pet Hotel agrees to provide the services specified in this contract. In consideration of these services and as an express condition thereof the Client expressly waives and relinquishes any and all claims against said Four Paws Country Pet Hotel including accidental damage to property and pets.

The Client agrees to pay the full amount of the stay at the time of delivery to the kennels. The client also agrees to pay any additional costs upon collection of the animal. The Client confirms that all pets are fully vaccinated. Should a Four Paws Country Pet Hotel authorised carer be bitten or otherwise exposed to any disease or ailment received from the Client's pet the Client shall be responsible for payment of all costs incurred by the carer on demand.

Four Paws Country Pet Hotel reserves the right to terminate this contract at any time before or during its term if Four Paws Country Pet Hotel, in its sole discretion, determines that the Client's pet(s) pose a danger to the health or safety of Four Paws Country Pet Hotel authorised staff. If concerns prohibit Four Paws Country Pet Hotel from caring for pet(s), the Client authorises the pet(s) to be placed into the care of the Welfare organisation, with all charges therefrom payable by the Client on demand.

The Client authorises this signed contract to be valid approval for future services of any purpose provided by this contract permitting Four Paws Country Pet Hotel to accept telephone reservations for service without additional signed contracts or written authorisation.

Four Paws Country Pet Hotel reserves the right to charge additional fees for public holidays.

Client Signature

Print Name

Date

Data Protection Notice and Permission to hold contact details for all clients of 24-7 Petcare Limited trading as Four Paws Country Pet Hotel & Designer Dogs as filed with the General Data Protection Register

To comply with the current legislation on data protection we must tell you what personal data we hold about you, why we hold it and have your permission to retain it. We store data about clients to ensure we can contact them by mail, telephone or email:

- In an emergency
- About booking reminders
- Online booking
- Any special offers
- Newsletter

You can opt-out of any marketing contacts if you wish by not ticking the appropriate box on the form below. Any data we hold will not be provided to any other person or business except as required by law.

- You may request to see all the personal data we hold on you (we are allowed 30 days to provide it);
- We only keep your data for the reasons outlined above;
- We destroy your data if we have had no contact with you for 5 years;
- For the smooth and efficient running of 24-7 Petcare Limited trading as Four Paws Country Pet Hotel & Designer Dogs we need to keep a record of:
 - Your name
 - Your address
 - Your landline, work and mobile telephone numbers
 - Your email address
 - Contact details of another responsible person in case of an emergency
 - The details of your pet(s)
 - The name and telephone number of your veterinary surgeon

For us to be able to hold these records we need your permission, so please complete this form and hand it to a member of staff.

Your full name: _____

Your email address: _____

I agree that 24-7 Petcare Limited trading as Four Paws Country Pet Hotel & Designer Dogs may contact me, my veterinary surgeon or my named emergency contact as necessary:

In an emergency

To remind me of appointments/bookings/updates

To send a newsletter*

About offers and services which may be of interest to me*

*I understand I can opt out of further marketing contact at any time on request.

Client Signature

Date