

**CHICHESTER CATTERY REGISTRATION FORM**

Name of Owner: \_\_\_\_\_

Person to contact in your  
Absence: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Tel No: \_\_\_\_\_

Tel No. \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_

How did you hear about Chichester Cattery? \_\_\_\_\_

Who is your vet? \_\_\_\_\_ Tel No. \_\_\_\_\_

Dates of Stay: From \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm

---

Name of Cats	Sex	Date of Birth	Colour, Breed, etc
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We regret that no uncastrated males can be boarded

Do your cats require any special treatment? Are there any foods to be avoided or any allergies?  
\_\_\_\_\_

What brand of food, tinned or dried does your cat usually eat?  
\_\_\_\_\_

**I agree to your terms and conditions and agree that, in the case of illness or suspected illness, a veterinary surgeon should be consulted and, if necessary, be asked to carry out such treatment as he/she considers necessary.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_