|  |  |
| --- | --- |
|  | Hocus Pocus Cat Hotel  2 Dalhams, Poole Street,  Cavendish  Suffolk  CO10 8BE  07922 665131  joanne@hocuspocuscathotel.com |

**Existing Customer Booking Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Arrival Date & Time: |  | Departure Date  & Time: |  |
| Owners Name: |  | | |
| Cat(s) Name: |  | | |
| Any changes contact details, Emergency Contacts or Veterinary Practice? |  | | |
| Any changes regarding cat’s food? |  | | |

**Details of Cat 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Cat’s Name: |  | | |
| Is your cat insured? Name of Insurance Company: |  | | |
| Name of Flea Treatment:  *i.e. Prinovox, Advocate, etc..* |  | Date last applied: |  |
| Name of Worming Treatment:  *i.e. Milbemax, Drontal etc.* |  | Date last applied: |  |
| *If evidence of fleas or worms are found, treatment will be sought from a vet and you will be liable for all costs. please refer to my* [**Terms and Conditions**](https://www.hocuspocuscathotel.com/termsandconditions)*for full details.* | | | |

**Details of Cat 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Cat’s Name: |  | | |
| Insured? |  | | |
| Name of Flea Treatment:  *i.e. Prinovox, Advocate, etc.* |  | Date last applied: |  |
| Name of Worming Treatment:  *i.e. Milbemax, Drontal etc.* |  | Date last applied: |  |

**Any new Medical Requirements?**

|  |
| --- |
| New medications or treatments: |

**WhatsApp**

Only complete this section if you wish to be updated/sent pictures of your cat’s holiday.

|  |  |  |
| --- | --- | --- |
|  | WhatsApp Tel No. |  |
| Frequency: | Once during stay  Twice during stay  Three times during stay |

Please ensure your cat is transported in a secure and escape proof container.

I have read and agree tothe[**Data Protection and Privacy Policy.**](https://www.hocuspocuscathotel.com/data-protection-policy)

Signature ………………………………………………. Date ……………………….…………………….

Print Name ……………………………………………………….

I have read and agree to the[**Terms and Conditions**](https://www.hocuspocuscathotel.com/termsandconditions)in relation to this booking, this includes seeking veterinary treatment if required.

Signature ………………………………………………. Date …………………………….……………

Print Name ……………………………………………………….