

Please check your address details and cat's details above are correct.

Boarding from: _____ Pick up date _____

Contact phone numbers: _____

Name and phone number of a person you authorise to make treatment decisions in your absence: _____

Pre-existing medical conditions: _____

Is your cat on medication? Y / N Which one/s? _____

When was the last dose of medicine given: _____

Are there any procedures you would like done while your cat is boarding? (eg dental, microchip etc) _____

Has your cat been eating and behaving normally in the last few weeks? Y / N

Favourite foods or special diets: _____

Does your cat have any special needs? _____

When was your cats last vaccination? _____

Items left at the clinic: _____

I authorise Creek Road Cat Clinic to provide urgent medical care upto \$300 OR any care deemed necessary (delete one) in the event I or my agent cannot be contacted.

Signature: _____

Date: _____

Name: _____