



WITHYCOMBE BOUTIQUE CATTERY
Health & wellness questionnaire & Release form

ARRIVAL – HEALTH CONDITIONS

Name & Address: _____ Work Phone: _____
_____ Home Phone: _____
_____ Cell Phone: _____
_____ Email address: _____

Cat's Name: _____ Age: _____ Description: _____

- Abnormal growth Swelling Cysts Warts Tumour
- Allergies: Flea Food Sun Related
- Arthritis Movement problems _____
- Bald Spots: Legs Body Head Tail Eczema
- Respiratory Problems: Asthma Cough Chronic Snuffles Hoarseness Sneezing
- Eye Problems: Cataracts Keratitis Sun-related conjunctivitis Eye discharge Weeping eye(s)
- Ear Infection Ear Wax Mites
- Heart Problems: _____
- Kidney Problems: _____
- Water Consumption: _____ ● Food Consumption: _____
- Regular diet brand (wet & dry): _____
- Allergies _____
- Difficult jumping: _____
- Weight In: _____ Weight Out: _____
- Personal belongings: _____

In the event of an **EMERGENCY** should you wish to have your pet treated by **your Private Vet**, please supply the name and contact number of someone who will be able to collect your pet and then return it to us after treatment, alternatively we will take the cat to our house vet , Hillside Veterinary Clinic, or the emergency after hours vet.

Veterinarian: _____
Contact Person: _____
Contact Phone Number: _____

RELEASE FORM
TO BE COMPLETED UPON DEPARTURE

I, _____ the owner / owner's representative, hereby declare that I have received _____ back in a satisfactory condition with no signs of illness or wounds together **with all their personal belongings and vet cards.**

NAME: _____ SIGNATURE: _____

DATE: _____