

# Valley Cat's Cattery

# Booking Form

Email: (preferred method of contact) [valleycatscattery@gmail.com](mailto:valleycatscattery@gmail.com)

Phone: (03) 443 8639

Website: [www.valleycatscattery.co.nz](http://www.valleycatscattery.co.nz)

Address: 286 Maungawera Valley Road, R.D.2 Wanaka, 9382

Opening Hours: (open by appointment only) 9am-11am & 4pm-6pm

Closed: (for drop off's & pick up's) 25<sup>th</sup> December, 26<sup>th</sup> December, 1<sup>st</sup> January

Bank Account Number: 02-0673-0144893-000

## Pricing

1 cat: \$28 per night

2 cats (sharing a room): \$42 per night

Stays over 28 nights: 10% Discount

Stays over 56 nights: 15% Discount

## Booking Dates

Arrival Date: ...../...../.....

Time: (please circle) 9am-11am 4pm-6pm

Departure Date: ...../...../.....

Time: (please circle) 9am-11am 4pm-6pm

## Your Details

Name(s): ..... Phone: .....

Email: .....

Address: .....

## Cat's Details

Cat's Name: ..... DOB/Age: .....

Breed: ..... Colour(s): .....

Sex: (please circle) Male neutered Female spayed Male unneutered Female unspayed

*Valley Cat's Cattery Will Not accept any cat that is unneutered or unspayed unless under the age of 6 months.*

Last Vaccination: ...../...../.....

Next Vaccination: ...../...../.....

*Valley Cat's Cattery Will Not accept any cat that is not fully vaccinated at least 10 days prior to arrival. (Vaccinations are recommended to be done once every 1 to 3 years depending on your cats current age and health).*

Last Worm treatment: ...../...../.....

Next Worm treatment: ...../...../.....

*Valley Cat's Cattery Will Not accept any cat that has not been treated for worms at least 7 days prior to arrival. (Worming is recommended to be done once every 3 months to ensure its effectiveness).*

Does your cat have any Current Health Issues: (Please circle) Yes No

If yes please provide details: .....

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### Diet

*Valley Cat's Cattery provides Royal Canin Sensible Dry Cat Food which is a premium quality vet recommended biscuit. (You are welcome to bring your cat's own dry and/or wet food but we Do Not discount for this).*

Does your cat have any specific dietary requirements: (Please circle) Yes No

If yes please provide details: .....  
.....

### Personality

How would you describe your cat's personality: (Please circle and/or provide details)

Friendly Affectionate Playful Social Shy Anxious Unsocial Difficult

.....  
.....

Does your cat enjoy pats, scratches, and cuddles: (Please circle and/or provide details)

Yes No Sometimes

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.....

Does your cat get along with other cats: (Please circle and/or provide details)

Yes No Sometimes Unsure

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.....

### Veterinarians Details

Clinics Name: ..... Phone: .....

Clinics Address: .....

*In the unlikely event of an emergency and we are unable to make contact with you directly, after attempting to do so, Valley Cat's Cattery will take your cat to a Veterinary Clinic and the charges will be added to your invoice.*

Thank you,

Glenda and Ashley  
Valley Cat's Cattery

