



Pre Stay Registration Form

Ph/Fax: +61 7 5522 8802

Personal Information	Name	
	E-mail address	
	Business phone	
	Home phone	
	Mobile phone	
	Fax number	
	Address	
Emergency Contact	Name	
	Contact number	
Vet Details	Name	
	Phone	
	Address	
Cat Details	Name	
	Age	
	Sex / Desexed	
	Breed and Colour	
	Inoculation Details	
	Worm Treatment / Date	
	Flea Treatment / Date	
	Likes / Dislikes (e.g., loves a tummy rub, socialising with other cats, brushing)	
	Ailments	
	Medication	
	Feed Details (e.g., no preference, Science Diet, number of feeds, food mashed)	
	Litter used at home	
	Anything else we should know?	
Arrival / Departure Information	Arrival Date and Time	
	Collection Date and Time	
Payment Method	Cash (Deposit required)	
	Cheque (required at drop off)	

Office Use only
Date:
Reference No: