

Owner: Simone Röhrig - Am Kelter 4 - 56850 Hahn mobil: 0176/22181496

## Registration for cats

stay from ..... to .....

Pet owner: name/ first name		
Postal address		
Telephone number		
Email		
Cat		
Name		
Age		
Male/ female		
Castrated?	yes / no	
Breed		
Food		
Special wishes?		
Quantity		
Feeding times		
Is your cat an outdoor cat?	yes / no	
Characteristics of your cat		
Habits		
(Please list everything that		
comes to your mind.)		
I hereby declare that my cat has no known infectious illnesses.		
I have read and agree to the c	contract conditions.	
Please inform me if my cat gets ill		yes/ no
Our veterinarian is:		
The pet boarding facility has the vaccination record		yes/ no
Date		
Signature pet owner		