

Care Agreement

Between Hund & Katzen Hotel Birkenhof and Cat's owner:

Full Name: _____ Phone: _____
Home Address: _____ Mobile: _____
Zip Code / City: _____ E-Mail: _____

Cat Information

Name: _____
Born on: _____ Color: _____
Race: _____ Castrated since: _____
Gender: _____

Vaccinations

Rabies:
Vaccination date: _____ Valid until: _____
Other Vaccinations: _____
Vaccination date: _____ Valid until: _____
Last Deworming on: _____

Emergency Contact Person

Name: _____
Relationship to you: _____
Phone (Home / Mobile): _____
Vetrinarian: _____ Phone: _____

Any other information for us to know about your Cat?