



CAT BOARDING - APPLICATION

Cat's Name(s) 1 _____ 2 _____

Your Name _____

Phone _____

Email _____

Spouse/Partner _____

Phone _____

Email _____

Address _____

City _____

State _____

Zip _____

Emergency Contact Name (Other than you or spouse or traveling companion)

Name _____

Phone _____

Email _____

Who else has permission to pick up your cat(s) from us? _____

Phone _____

Email _____

VETERINARIAN INFO

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

In case of Emergency, your cat will be brought to your vet or the closest open hospital

Please provide proof of current Rabies and Feline Distemper (FVRCP) vaccines or a doctor's note of exemption.

For the safety of all our guests, we do not board cats with FELV (Feline Leukemia) or FIV (Feline Aids).

All cats must receive flea free. If your cat has not received a current flea treatment, a one-time dosage of Frontline will be applied at a cost of \$20.



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CAT INFO

#1	Cat Name	_____	Weight	_____	Sex	_____
	Birthdate	_____	Breed	_____	Color(s)	_____
List previous illnesses, surgeries, pre-existing Medical conditions, allergies, medications						
Expiration Dates:		FVRCP	_____	Rabies	_____	_____
Date of Last Flea Treatment		_____	Type	_____	_____	_____
Other		_____				

#2	Cat Name	_____	Weight	_____	Sex	_____
	Birthdate	_____	Breed	_____	Color(s)	_____
List previous illnesses, surgeries, pre-existing Medical conditions, allergies, medications						
Expiration Dates:		FVRCP	_____	Rabies	_____	_____
Date of last Flea Treatment		_____	Type/name	_____	_____	_____
Other		_____				

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