



**RESERVATION FORM**

COMPLETE ADDITIONAL RESERVATION FORMS FOR MORE THAN TWO CATS & A NEW RESERVATION FORM FOR EACH VISIT

HOW DID YOU FIRST HEAR OF US? Internet:  Phone Book:  Referred by: \_\_\_\_\_

**DROP OFF DATE:** \_\_\_\_\_ **PICKUP DATE:** \_\_\_\_\_

**EXACT DROP OFF TIME:** \_\_\_\_\_ **EXACT PICK UP TIME:** \_\_\_\_\_

**BY APPOINTMENT ONLY** Preferably between 9:30am & 5pm during office hours.

**OWNERS NAME:** \_\_\_\_\_

ADDRESS: street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SPOUSE'S NAME OR OTHERS IN HOUSEHOLD: \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_

Where can we reach you if necessary, name of hotel or guest of: \_\_\_\_\_

Phone Numbers to be reached: \_\_\_\_\_ Cell # 1: \_\_\_\_\_ Cell # 2: \_\_\_\_\_

**HOW MANY CATS WILL BOARD?** \_\_\_\_\_ If more than one - **SHARE CONDOS?** \_\_\_\_\_

**CATS' NAME:** \_\_\_\_\_ **BREED:** \_\_\_\_\_

COLOR; \_\_\_\_\_ LONG SHORT OR MEDIUM LENGTH HAIR? \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BIRTHDATE/AGE: \_\_\_\_\_ AGE CAT OBTAINED: \_\_\_\_\_ FROM: \_\_\_\_\_

SEX: \_\_\_\_\_ Is your cat SPAYED/NEUTERED? \_\_\_\_\_ DECLAWED? \_\_\_\_\_ INDOOR ONLY? \_\_\_\_\_

DOES YOUR CAT HAVE ANY HEALTH CONDITIONS? \_\_\_\_\_ WHAT? \_\_\_\_\_

PROBLEMS: (Check all that apply) Picky Eater: \_\_\_\_\_ Shy: \_\_\_\_\_ Housesoils: \_\_\_\_\_ People Aggressive: \_\_\_\_\_ Animal Aggressive: \_\_\_\_\_

WHEN & WHERE WAS YOUR CAT LAST BOARDED? \_\_\_\_\_

DATE OF LAST: FVRCP: \_\_\_\_\_ RABIES: \_\_\_\_\_ FLEA TREATMENT date \_\_\_\_\_ type \_\_\_\_\_

**CATS' NAME:** \_\_\_\_\_ **BREED:** \_\_\_\_\_

COLOR; \_\_\_\_\_ LONG SHORT OR MEDIUM LENGTH HAIR? \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BIRTHDATE/AGE: \_\_\_\_\_ AGE CAT OBTAINED: \_\_\_\_\_ FROM: \_\_\_\_\_

SEX: \_\_\_\_\_ Is your cat SPAYED/NEUTERED? \_\_\_\_\_ DECLAWED? \_\_\_\_\_ INDOOR ONLY? \_\_\_\_\_

DOES YOUR CAT HAVE ANY HEALTH CONDITIONS? \_\_\_\_\_ WHAT? \_\_\_\_\_

PROBLEMS: (Check all that apply) Picky Eater: \_\_\_\_\_ Shy: \_\_\_\_\_ Housesoils: \_\_\_\_\_ People Aggressive: \_\_\_\_\_ Animal Aggressive: \_\_\_\_\_

WHEN & WHERE WAS YOUR CAT LAST BOARDED? \_\_\_\_\_

DATE OF LAST: FVRCP: \_\_\_\_\_ RABIES: \_\_\_\_\_ FLEA TREATMENT date \_\_\_\_\_ type \_\_\_\_\_

**No Cat Will Be Allowed in the Cat Boarding Kennel Area without current confirmation of vaccinations for FVRCP and RABIES**

on a licensed veterinarian's receipt or printout. Your Cat's Veterinarian can **FAX** this information to us at **425-806-8135**. If your cat is found to have fleas or flea-dirt, you authorize topical treatment for fleas (as described on PurrInn's website) and their removal at your additional expense. Cats with infectious diseases, such as distemper, upper respiratory disease, or worms will not be allowed.

**DIET:** BRAND: CAN \_\_\_\_\_ DRY \_\_\_\_\_

AMOUNT EA CAT: AM. CAN \_\_\_\_\_ DRY \_\_\_\_\_ PM. CAN \_\_\_\_\_ DRY \_\_\_\_\_

We will provide dry food but recommend you bring your cat/s usual brand of food and treats. Bring the amount needed for the planned stay, plus extra for 3 days in case the stay is extended.

**IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CAT/S?** Fear of thunder, Epilepsy, Deafness, Sight problems, Allergies, Daily Activities, Rituals, &/or Secrets, Behavioral Characteristics that should be noted. \_\_\_\_\_

Although it's hard to imagine, if your cat should happen to pass away while on site, we would like to know what you would prefer we do, given we cannot get in touch with you, until you have returned home. \_\_\_\_\_

**EMERGENCY CONTACT:** Who should we call in an emergency, and are they aware that they're listed as emergency contact? Yes No

**#1 Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

**#2 Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

**NAME OF PERSON/S AUTHORIZED TO PICK UP CAT/S** \_\_\_\_\_

\_\_\_\_\_  
Main Contact Signature Date

\_\_\_\_\_  
Spouse or Partner Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name