



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 9:00am & 5pm during office hours.

OWNERS NAME: _____ **DATE:** _____

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: Shy: _____ Housesoils: _____ People Aggressive: _____
(Check all that apply) Runs Away: _____ Picky Eater: _____ Animal Aggressive: _____

DATE OF LAST: FVRCP: _____ **RABIES:** _____ **LEUKEMIA:** _____ **FLEA TREATMENT** _____

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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 ticks, you authorize 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