

## FELINE BOARDING REGISTRATION FORM (2008)

Cat's Name (First and Last) \_\_\_\_\_

Feeding Instructions: Own supply (specify brand) \_\_\_\_\_

Cat Tail Inn Supply (see attendant for choices) \_\_\_\_\_

How many cups per meal? \_\_\_\_\_ How many meals per day?

\_\_\_\_\_ Free Feed (leave food down all day), \_\_\_\_\_ Once Daily, or \_\_\_\_\_ Twice daily

Medication Name	Dosage	Frequency

*Please ask Attendant for administration prices. (Injection administration prices may vary)*

### **Medical Problems:**

Has your cat been seen by its regular Veterinarian in the last 6 months for anything besides a wellness visit? \_\_\_\_\_ No \_\_\_\_\_ Yes (please describe) \_\_\_\_\_

Has your cat been treated with flea/tick medication within the past 30 days? \_\_\_\_\_ No \_\_\_\_\_ Yes  
(please describe) \_\_\_\_\_

Does your cat have any cuts, scrapes, bumps, warts, etc. that we should be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_ (please describe) \_\_\_\_\_

Does your animal have any allergies? \_\_\_\_\_ No \_\_\_\_\_ Yes (please describe)

Seasonal or Food (please describe): \_\_\_\_\_

Concerns or Comments \_\_\_\_\_

### **OPTIONAL SERVICES:**

**Grooming:** Would you like your cat groomed during their stay with us? If Yes, Please schedule an appointment when making the reservation or at the time of check-in.

\_\_\_\_\_ T.V. time (\$5.50 each for a ½ hour)

\_\_\_\_\_ Once daily \_\_\_\_\_ Every other day \_\_\_\_\_ Other \_\_\_\_\_ None

\_\_\_\_\_ Sunbathing Time (\$5.50 each for a ½ hour)

\_\_\_\_\_ Once daily \_\_\_\_\_ Every other day \_\_\_\_\_ Other \_\_\_\_\_ None

**Your pet's health and happiness are our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person must be an adult, capable of making decisions for you regarding your pet's health and able to be reached with-in the continental U.S.**

