

CUSTOMER INFORMATION:

	Check IN	Check OUT
Date		
Time		

I UNDERSTAND DEPOSITS ARE NOT REFUNDABLE
(Print your name): _____ INITIALS: _____

	OWNER 1	OWNER 2
NAME		
COMPLETE RESIDENTIAL ADDRESS		
APT#		
ZIP CODE		
COMPLETE MAILING ADDRESS (if different from above)		
ZIP CODE		
HOME PHONE #		
CELL #		
PRIMARY E-MAIL ADDRESS (preferably a personal email due to high filters on business emails. Would you like to receive our newsletter via email? YES or NO *you can always unsubscribe in the future*		
SECONDARY E-MAIL ADDRESS		
EMPLOYER NAME AND POSITION		
WORK PHONE NUMBER		
WORK FAX NUMBER		
EXTENSION		
TEXT NUMBER		
YOUR DESTINATION PHONE #		

IMPORTANT - EMERGENCY CONTACT (in the event we can't reach you):
(PLEASE DO NOT USE YOUR VET'S NAME, CELL OR SECOND OWNER CELLS)

FULL NAME	HOME PHONE	WORK #	CELL

HOW DID YOU HEAR ABOUT US? (Please check those that apply):

	FRIEND	RELATIVE
Name		
Mailing address		
Zip code		
Daytime Phone #		

INTERNET	Which search engine?								
	<table border="1"> <tr> <td>Yahoo!</td> <td>yellowpages.com</td> </tr> <tr> <td>Google</td> <td>realpages.com</td> </tr> <tr> <td>AOL</td> <td>ypconnect.com</td> </tr> <tr> <td>MSN</td> <td>Facebook.com</td> </tr> </table>	Yahoo!	yellowpages.com	Google	realpages.com	AOL	ypconnect.com	MSN	Facebook.com
Yahoo!	yellowpages.com								
Google	realpages.com								
AOL	ypconnect.com								
MSN	Facebook.com								

YELLOW PAGES	
BUS BENCH	
NEWSPAPER ARTICLE	
MAGAZINE	

TV SPECIAL	
Which one?	

What key words you use on your online search?					
Did it take you straight to our www.acountrycathouse.com ?	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			

We will send a gift certificate for 2 days free of boarding! (Refer anyone for boarding and grooming and you get gift certificates too!)

We understand the deep love and bond you have with your cat(s). **DO YOU HAVE ANY PARTICULAR QUESTIONS OR CONCERNS?**

WHAT IS YOUR PERSONAL OPINION REGARDING THE IDEA OF LEAVING YOUR CAT AT HOME? DID YOU EVER DO IT AND WHAT WAS THE RESULT OF THAT EXPERIENCE?

WHY DID YOU DECIDE TO USE OUR CAT BOARDING SERVICE?

CAT(S) INFORMATION:

FILL OUT THE NAMES AND INFO UP TO 4 CATS IN THIS SAME REGISTRATION FORM (please email **ONE** picture of each cat in JPEG)

PLEASE BE SO KIND TO BRING **EACH KITTY** IN INDIVIDUAL SECURE PET CARRIER/TAXI. NO CARDBOARD BOXES.

LABEL **EACH CARRIER** WITH YOUR LAST NAME.

CAT'S NAME	BREED	SEX	COLOR	WEIGHT	AGE	CLAWS	SPAYED	NEUTERED

MEDICATION: Vitamins/Supplements/Insulin/Fluids, etc

VERY IMPORTANT: We cannot board your cat if your cat needs medication for anything contagious. We also might contact your vet to verify medication, dosage and diagnosis.

PLEASE DISCUSS THIS BEFORE BRINGING YOUR CAT TO US. EXTRA CHARGES AND RESTRICTIONS MAY APPLY.

INITIALS: _____

	YES	IF YES, WHAT FOR?	NO	DON'T KNOW
Is your cat on medication?				
Instructions				
Any medication within the last 3 months?				
Has your cat(s) visited/boarded with your vet or any other facility within the last 30 days prior boarding with us?				

FEEDING:

BRAND	FLAVOR	DRY	CAN	BOTH
FEEDING SCHEDULE				

We provide Iams, Science Diet, Proplan among the premium low ash foods most recommended by vets. We also have a wide selection of other brands and types but **if you prefer to bring your own make sure if it is dry it comes in clearly marked and re-sealed plastic container.**

OTHER HEALTH RELATED MATTERS:

	YES	NO	DON'T KNOW
Your cat is indoor only			
Your cat is outdoor only			
Has access to screen patio?			
Has access to balcony?			
Do you have any other pets at home?			
Types			
Breeds			
To your knowledge does your cat have fleas?			
Does your cat receive any flea prevention treatment?			
Brand and Schedule			
Brand of cat litter			

Please check all that apply

Does your cat sneeze?		Not urinating?		Traumas?	
Does your cat cough?		Blood in urine?		Accidents?	
Ever got a cold/URI?		Blood in stool?		Problematic Behavior?	
Discharge from eyes?		Constipation?		Any past health problems? (Please state)	
Discharge from nose?		Has or had dry skin?			
Is problem eater?		Has or had allergies? What kind?			
Not drinking water?					
History of bladder problems /cystitis?					

VACCINATION REQUIREMENTS:

CURRENT WITHIN THE LAST 12 MONTHS PRIOR BOARDING? YES NO

FRCP(4 IN 1)	RABIES	LEUKEMIA TEST DATE	LEUKEMIA VACCINE	Vet's Name	Vet's Phone #

If your cat doesn't get the feline leukemia vaccine on a yearly basis we require a test **within the last 12 months** indicating the results are **negative**. This information must be provided to us **PRIOR ARRIVAL**.

NEW REQUIREMENT:

Any visit to your vet for routine care, checkup, vaccines etc must be done 30 days or more prior boarding and must be notified to us **PRIOR ARRIVAL**. During the **month of December we will not** be able to board your cat if your cat has been at the vet within 30 days of check in. Any other time we can board your cat but you **MUST** notify us in advance.

INITIALS: _____

Print Name: _____
Form Revised 2014

Signature: _____

Date: _____