



# Boarding intake form - Feline

Owners' name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal code \_\_\_\_\_ Email address \_\_\_\_\_

Ph # - home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ phone \_\_\_\_\_

Veterinary \_\_\_\_\_ Referred by: \_\_\_\_\_

Pet name \_\_\_\_\_ Breed \_\_\_\_\_ male / female

Spayed/Neutered? Yes/No Age \_\_\_\_\_ Birthday \_\_\_\_\_ Color \_\_\_\_\_

Has your pet been kenneled before? - yes / no, If yes, where? \_\_\_\_\_

Are they social - yes / no - comments \_\_\_\_\_

Medication / Special needs - yes / no - comments \_\_\_\_\_

NOTE: \$2 per medication per day

Personal items left - yes / no If yes, please list ALL items left - \_\_\_\_\_

Food - Bringing own - yes / no Quantity \_\_\_\_\_, \_\_\_\_\_ x 's per day (ie: 1 cup 2x day)

Is there anything else that I need to know about your pet?

**IMPORTANT: PLEASE ENSURE THAT YOUR PETS VACCINATIONS ARE UP TO DATE.**

(Parvo, Distemper, Hepatitis, Rabies and Kennel cough (Bordetella) - We require you to bring your updated records when checking in your loved one - Thank You)

## FOR OFFICE USE ONLY

Date in \_\_\_\_\_ Date out \_\_\_\_\_

Charge \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day

Vaccinations Da2PP \_\_\_\_\_ Rabies \_\_\_\_\_ KC \_\_\_\_\_

Yappy hour - yes/no Peace/Calm - yes/no

Grooming day of pick up - yes / no - if yes see grooming card

Comments \_\_\_\_\_

Sent card - \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_