

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: / / **TIME:** _____

PICK-UP DATE: / / **TIME:** _____

BY APPOINTMENT ONLY

OWNER'S NAME _____

ADDRESS street _____ city _____ state _____ zip _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

SPOUSE/PARTNER NAME _____ PHONE _____

HOW MANY CATS WILL BOARD _____ If more than one – SHARE SUITE? Yes / No _____

CAT'S NAME #1 _____ **BREED:** _____ **SEX:** M / F **COLOR:** _____

BIRTHDATE/AGE: _____

DOES YOUR CAT HAVE ANY HEALTH CONDITIONS? Yes / No _____

IF YES, WHAT? _____

PROBLEMS: Escape Artist / Picky Eater / Shy / House soils / People aggressive / _____

Animal aggressive / Other (_____)

WHEN & WHERE WAS YOUR CAT LAST BOARDED? (MM/YY) / Where _____

DATE OF LAST: FVRCP / / RABIES / /

FLEA TREATMENT Yes / No Date / / type _____

CAT'S NAME #2 _____ BREED: _____ SEX: M / F COLOR: _____

BIRTHDATE/AGE: _____

DOES YOUR CAT HAVE ANY HEALTH CONDITIONS? Yes / No _____

IF YES, WHAT? _____

PROBLEMS: Escape Artist / Picky Eater / Shy / House soils / People aggressive /

Animal aggressive / Other (_____)

WHEN & WHERE WAS YOUR CAT LAST BOARDED? (MM/YY) _____ / _____ Where _____

DATE OF LAST: FVRCP _____ / _____ / _____ RABIES _____ / _____ / _____

FLEA TREATMENT Yes / No Date _____ / _____ / _____ type _____

No cat will be allowed in the cat boarding area without current confirmation of vaccinations for FVRCP and RABIES on a licensed veterinarian's receipt or printout. Please attach receipt/printout with this reservation form. If you don't have this information in your record, your cat's veterinarian can **FAX** this information to us at 919 267 – 5497 before check-in date. If your cat is found to have fleas or fleas-dirt, you authorize topical treatment for fleas 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 EACH CAT **AM** CAN _____ DRY _____ **PM** CAN _____ DRY _____

Happy Cats Retreat **recommends** that you bring your cat/s usual brand/kind, wet and/or dry food and treats. Cats too often get diarrhea stop eating if brand/quality of food is suddenly changed. 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? (allergies, Medications, rituals, behavioral characteristics) _____

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.

