



# Boarding Reservation for New Clients

Owner Name \_\_\_\_\_ Contact Number 1 \_\_\_\_\_ Date/Time of Drop Off \_\_\_\_\_

Email \_\_\_\_\_ Contact Number 2 \_\_\_\_\_ Date/Time of Pick Up \_\_\_\_\_

Method of preferred contact for reservation confirmation? \_\_\_\_\_

Address: Street / City / Zip Code \_\_\_\_\_

I understand that I must notify Cat Cottage in the event I need to change my Date/ Appointment Time   
I understand that as a new client I must make a non-refundable retaining fee of \$25 for boarding reservations   
I understand that my pet(s) must be spayed/neutered when age appropriate

## Credit Card Information\*

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVS # \_\_\_\_\_ Zip Code \_\_\_\_\_  
(on back)

\*Note: there is a 4% convenience fee charged for credit card transactions.

## Vaccinations

Yes, my pet(s) are current on vaccinations.  Note: New Clients MUST bring written proof of current vaccinations on drop off date.

## How did you hear about us?

Drove By  Website  Other  
 Yellow Pages  Internet Search  Personal Referral

If you were referred by one of our clients, who may we thank? \_\_\_\_\_

Yes, I consent to the release of photos/videos of my pet(s) for the Cat Cottage use on their website, Facebook, or other advertising.

## Pet 1 Information

\_\_\_\_\_ Condo Size: Large Small

Pet Name \_\_\_\_\_

Species/Gender/Color \_\_\_\_\_

Food & Treats/How Much/How Often? \_\_\_\_\_

Current Medications & Dosage? \_\_\_\_\_

Any Chronic or Current Medical Issues? \_\_\_\_\_

Emergency Contact Name/Number authorized to make medical decisions concerning my pet(s) \_\_\_\_\_

Any additional Instructions or Information about your pet we should know? \_\_\_\_\_

## Flea Preventives

My pet is current on flea preventive  Date last given /name of preventive: \_\_\_\_\_

I understand that a flea preventive will be given/applied, at owner expense, if my pet(s) are found to have fleas. No Exceptions.

## Medical Illness Policy

YES: Cat Cottage may take my pet(s) to a veterinarian if deemed needed in the event that I or my Emergency Contact cannot be reached. Any services the veterinarian deems necessary may be done until someone can be reached. This includes only non-elective treatments and any necessary diagnosis testing.

If you checked YES, please authorize the amount you authorize in medical care: \_\_\_\_\_  
Dollars / Cents

NO: Do not provide any medical treatment, even in a life threatening situation, until specific Authorization is given.

## Pet 2 Information

Condo Size: Large Small

Pet Name

Species/Gender/Color

Food & Treats/How Much/How Often?

Current Medications & Dosage?

Any Chronic or Current Medical Issues?

Emergency Contact Name/Number authorized to make medical decisions concerning my pet(s)

Any additional Instructions or Information about your pet we should know?

### Flea Preventives

My pet is current on flea preventive  Date last given /name of preventive: \_\_\_\_\_  
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Dollars / Cents

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## Pet 3 Information

Condo Size: Large Small

Pet Name

Species/Gender/Color

Food & Treats/How Much/How Often?

Current Medications & Dosage?

Any Chronic or Current Medical Issues?

Emergency Contact Name/Number authorized to make medical decisions concerning my pet(s)

Any additional Instructions or Information about your pet we should know?

### Flea Preventives

My pet is current on flea preventive  Date last given /name of preventive: \_\_\_\_\_  
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If you checked YES, please authorize the amount you authorize in medical care: \_\_\_\_\_  
Dollars / Cents

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## Pet 4 Information

Condo Size: Large Small

Pet Name

Species/Gender/Color

Food & Treats/How Much/How Often?

Current Medications & Dosage?

Any Chronic or Current Medical Issues?

Emergency Contact Name/Number authorized to make medical decisions concerning my pet(s)

Any additional Instructions or Information about your pet we should know?

### Flea Preventives

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Dollars / Cents

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## Pet 5 Information

Condo Size: Large Small

Pet Name

Species/Gender/Color

Food & Treats/How Much/How Often?

Current Medications & Dosage?

Any Chronic or Current Medical Issues?

Emergency Contact Name/Number authorized to make medical decisions concerning my pet(s)

Any additional Instructions or Information about your pet we should know?

### Flea Preventives

My pet is current on flea preventive  Date last given /name of preventive: \_\_\_\_\_

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### Medical Illness Policy

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If you checked YES, please authorize the amount you authorize in medical care: \_\_\_\_\_  
Dollars / Cents

NO: Do not provide any medical treatment, even in a life threatening situation, until specific Authorization is given.

## Pet 6 Information

Condo Size:    Large    Small

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Pet Name

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Species/Gender/Color

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Food & Treats/How Much/How Often?

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Current Medications & Dosage?

---

Any Chronic or Current Medical Issues?

---

Emergency Contact Name/Number authorized to make medical decisions concerning my pet(s)

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Any additional Instructions or Information about your pet we should know?

### Flea Preventives

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