

## Cat Boarding Application

Suite Paws must have proof of vaccines BEFORE boarding any cat. No exceptions.

Date:    /    /

### CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_

Preferred contact method?     Email     Phone

Who else has permission to pick up your pet from us? Contact name and phone: \_\_\_\_\_

### GUEST CAT INFORMATION

Cat Name: \_\_\_\_\_ Approx. weight: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Is your cat spayed or neutered?     Yes     No

Please provide proof of current Rabies, Feline Leukemia, and Feline Distemper vaccines.

We will also need proof that your cat is on Flea/Tick and Heartworm preventative.

How did you hear about Suite Paws Pet Resort & Spa? \_\_\_\_\_

Are you interested in using our Pick Up/Drop Off Service?     Yes     No



110 S. Rogers Lane  
Raleigh, NC 27610



(919) 231-1112



(919) 231-1773



[www.suitepaws.com](http://www.suitepaws.com)



[info@suitepaws.com](mailto:info@suitepaws.com)

### GENERAL HISTORY

How long have you had your cat and where did you get him/her?

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### MEDICAL HISTORY

Any previous serious illnesses or surgeries?

Yes  No

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*If yes, please describe:*

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Any pre-existing medical conditions?

Yes  No

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*If yes, please describe:*

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Any allergies of which you are aware?

Yes  No

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*If yes, please describe:*

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Does your cat need to be given medication while being boarded? \*

Yes  No

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*If yes, please list specific instructions:*

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### VETERINARIAN INFORMATION

Name:

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Address:

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City:

State:

Zip:

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Phone:

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\* There will be a \$1 per day fee for administering medications.

### FEEDING

We recommend bringing your cat's own food so there isn't a change in his/her diet. If you forget to bring your cat's food or choose to use our premium food while your pet stays with us, there will be a \$2.00/day charge. For more information, please refer to the Boarding & Daycare Checklist.

Does your cat have special feeding requirements?  Yes  No

*If yes, please list specific instructions:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BEHAVIOR

Has your cat ever bitten another person or cat?  Yes  No

*If yes, please explain the circumstances:*  
\_\_\_\_\_  
\_\_\_\_\_

Has your cat ever been bitten by another cat?  Yes  No

*If yes, please explain the circumstances:*  
\_\_\_\_\_  
\_\_\_\_\_

Does your cat seem frightened or uneasy around any type of person or situation?  Yes  No

*If yes, please describe:*  
\_\_\_\_\_  
\_\_\_\_\_

Is there anywhere on your cat's body that he/she does not like to be touched?  Yes  No

*If yes, please describe:*  
\_\_\_\_\_  
\_\_\_\_\_

### COMMENTS

Please list anything else you would like us to know about our future guest.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please ask a staff member to provide a list of extra services that your cat can enjoy during his/her stay.