



Cat Services Application

Suite Paws must have proof of vaccines BEFORE any boarding, daycare, or grooming. No exceptions.
We require cats to be current on Rabies, and Feline Distemper vaccinations
We also require that your cat is on a Flea/Tick preventative

Date: ____/____/____

CLIENT INFORMATION

Owner Name: _____ Additional Owner: _____

Cell Phone: _____ Additional Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact Name & Phone (*other than yourself*) _____

Who else has permission to pick up your pet from us? _____

➤ How did you hear about Suite Paws Pet Resort & Spa? _____

 ADDRESS

4350 Garrett Road
Durham, NC 27707

 PHONE

(919)246-7530

 FAX

(919)267-2862

 WEB

Suitepaws.com

 EMAIL

durhaminfo@suitepaws.com

Suite Paws

PET RESORT & SPA

CAT INFORMATION

Cat Name: _____ Approx. Weight: _____

Date of Birth (or approximate age if unknown): _____ Breed: _____ Color: _____

Sex: _____ Is your pet spayed or neutered? YES NO

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MEDICAL HISTORY

➤ Any previous serious illnesses or surgeries? (Other than being spayed/neutered) YES NO

If yes, please describe: _____

➤ Any pre-existing medical conditions? YES NO

If yes, please describe: _____

➤ Any allergies of which you are aware? YES NO

If yes, please describe: _____

VETERINARIAN INFORMATION

Name: _____ Phone Number: _____

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