

Cat Services Application

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

Date: / /	_			
CLIENT INFORM	ATION			
Name:				
Address:				
City:		State:	Zip:	
Home phone:	Work phone:	Cell pho	one:	
Email:				
Emergency contact na	me and phone:			
Preferred contact meth	nod? 🔲 Email 🖵 Phone			
Who else has permissio	on to pick up your pet from us? Contac	t name and phone:		
GUEST CAT INFO	ORMATION			
Cat Name:		Approx. weight:		
Age:	Breed:	Color:	Sex:	
Is your cat spayed or ne	eutered? 🗖 Yes 🗖 No			
_	ide proof of current Rabies, Feline also need proof that your cat is on		_	
11 1 1	t Suite Paws Pet Resort & Spa?			
How did you hear abou				

GENERAL HISTORY

How long have you had your cat and where did you get him/her?		
MEDICAL HISTORY		
Any previous serious illnesses or surgeries?	□ 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:		
Does your cat need to be given medication while being boarded? *	☐ Yes ☐ No	
If yes, please list specific instructions:		
VETERINARIAN INFORMATION		
Name:		
Address:		
City:	State: Zip:	

Phone:

 $^{^{*}}$ 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?	0
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 as staff member to provide a list of extra services that your cat can enjoy during his/her stay.