



Milford, OH

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
768 US-50
Milford, OH

 PHONE
(513) 987-4266

 FAX
(513) 987-4264

 WEB
Suitepaws.com

 EMAIL
cincyinfo@suitepaws.com

Suite Paws

PET RESORT & SPA

Milford, OH

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

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

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: _____

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VETERINARIAN INFORMATION

Name: _____ Phone Number: _____

BEHAVIOR

- Has your cat ever bitten a person? YES NO
• If yes, please explain the circumstances:


- Does your cat seemed frightened or uneasy around any type of person or situation? YES NO
• If yes, please explain the circumstances:

- Is there anywhere on your cat's body that they do not like to be touched? YES NO
• If yes, please explain the circumstances:

COMMENTS

Please list anything else you would like us to know about our future guest:

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