

**FOR OFFICE USE ONLY**

Check In: \_\_\_\_\_  
 Entered: \_\_\_\_\_  
 Medication Charge: Y N  
 Set Up: \_\_\_\_\_

# Cat Check-In

Owner Name: \_\_\_\_\_ Pet Name(s): \_\_\_\_\_

Boarding From: \_\_\_\_\_ Until: \_\_\_\_\_ Estimated Pick Up Time: \_\_\_\_\_

Emergency Contact Name & Phone Number (other than yourself): \_\_\_\_\_

Does your pet have any **allergies** (including food allergies), **injuries** or **hot spots** of which we should be aware?  
 \_\_\_\_\_  
 \_\_\_\_\_

**FEEDING INSTRUCTIONS:**

- Have they been fed today? (Please circle) **Y N** If yes, in **AM PM** or **BOTH**
- How much do you feed your pet each meal? \_\_\_\_\_ How many times per day? \_\_\_\_\_  
 (There is a \$6 charge for a lunch)
- If your pet runs out of food can we feed our Suite Paws' food? \_\_\_\_\_ **Y N**  
 (\*The cost to use Suite Paws food is \$5 per day / per pet)
- If your pet is not eating can we give them Nutrical (dietary supplement gel)? \_\_\_\_\_ **Y N**
- **For multiple cats** do we need to separate them when feeding? \_\_\_\_\_ **Y N**

**MEDICATION:**

(All medications / supplements must be in the original bottle. We charge \$4 per day / per pet to administer medications.)

Name: \_\_\_\_\_ Directions: \_\_\_\_\_ Given Today: **Y N** If yes, In **AM PM** or **Both**

Name: \_\_\_\_\_ Directions: \_\_\_\_\_ Given Today: **Y N** If yes, In **AM PM** or **Both**



## Additional Services

*Please circle the days below if you would like to add extra services for your pet(s):*

Climbing Tree / Out Time – 30 Minutes / \$8

**Daily** or **M T W Th F Sa Su**

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One-On-One Playtime – 15 Minutes / \$9

**Daily** or **M T W Th F Sa Su**

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Email Picture Home - \$6 / each

**Daily** or **M T W Th F Sa Su**

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**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Suite Paws Pet Resort & Spa Hours

● M-F 7am–7pm ● Sat. 9am–5pm ● Sun. 10am–12pm OR 4pm–6pm ●

Ask us about our Holiday Hours