



FOR OFFICE USE ONLY	
Check In:	_____
Entered:	_____
Medication Charge:	Y N
Set Up:	_____

Milford, OH

# 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 INSTURCTIONS:

- 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 \$1 charge per night for 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 \$2 per night / 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 \$2 per night / per pet to administer medications and \$5 per night / per pet to administer insulin.)

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**

- M-F 7am-7pm
- Suite Paws Pet Resort & Spa Hours
- Sat. 9am-5pm
- Sun. 10am-12pm OR 4pm-6pm
- Ask us about our Holiday Hours



## 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 / \$6

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

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One-On-One Playtime – 15 Minutes / \$6

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

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Email Picture Home - \$4 / each

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

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

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