



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 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 \$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 \$6 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**

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

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

Email Picture Home - \$4 / each

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

Owner Signature: _____

Date: _____