**CAT BOARDING FORM**

**CLIENT’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PET’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*PICKING UP AFTER 12:00 PM ADDITIONAL $16.00 MON-SAT AND AFTER 4:00 PM ON SUNDAY\*\***

**PART I** – **FEEDING AND SERVICE NEEDS**

 I WILL PICK UP MY PET ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DAY/DATE) AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(TIME)

 I BROUGHT MY PET’S OWN FOOD **\*\*\*\*\*HOUSE FOOD IS $2.00 PER A MEAL\*\*\*\*\***

 MY PET IS ON A SPECIAL DIET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MY PET EATS (please circle one) AM ONLY PM ONLY AM AND PM AT WILL

 PLEASE FEED MY PET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SERVING SIZE

 MY PET’S NEXT FEEDING IS AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DATE/TIME)

 I AM LEAVING THE FOLLOWING ITEMS WITH MY PET (USE SPACE PROVIDED BELOW FOR ITEMS) ALTHOUGH

 WE TRY TO MAKE SURE YOUR PET GOES HOME WITH WHAT HE/SHE CAME WITH, WE ARE NOT RESPONSIBLE

 FOR LOST ITEMS OR ITEMS LEFT HERE WHILE BOARDING.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 PLEASE SEE SPECIFIC NOTES ABOUT MY PET BELOW (USE SPACE PROVIDED FOR NOTES)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PART II **– MEDICATIONS**

 Y PET IS ON MEDICATION (PLEASE SPECIFY MEDICATIONS, DOSES AND WHAT THE NEXT DOSAGE

 TIME IS (ADDITIONAL ROOM ON THE BACK)

 MEDICATION INSTRUCTIONS TIME NEXT DOSE DUE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Special Services Requested**

□ IN HOUSE FOOD (PER MEAL) $2.00 □ PAWS TO PHONE HOME (SOCIAL MEDIA) $8.00

□ ADMINISTER MEDS FEE (SIMPLE) $4.00 □ ADMINISTER MEDS FEE (3 OR MORE) $9.00

**PART III – EMERGENCY INFORMATION**

 Two emergency numbers that I can be contacted at are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date