



RESERVATION FORM

COMPLETE ADDITIONAL RESERVATION FORMS FOR MORE THAN TWO CATS & A NEW RESERVATION FORM FOR EACH VISIT

HOW DID YOU FIRST HEAR OF US? Internet: Phone Book: Referred by: _____

DROP OFF DATE: _____ **PICKUP DATE:** _____

EXACT DROP OFF TIME: _____ **EXACT PICK UP TIME:** _____

BY APPOINTMENT ONLY Preferably between 10 AM & 4:30 PM.

OWNERS NAME: _____

ADDRESS: street _____ city _____ state _____ zip _____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

SPOUSE'S NAME OR OTHERS IN HOUSEHOLD: _____

DESTINATION: _____

Where can we reach you if necessary, name of hotel or guest of: _____

Phone Numbers to be reached: _____ Cell # 1: _____ Cell # 2: _____

HOW MANY CATS WILL BOARD? _____ If more than one - **SHARE CONDOS?** _____

CATS' NAME: _____ **BREED:** _____

COLOR; _____ LONG SHORT OR MEDIUM LENGTH HAIR? _____ WEIGHT: _____

BIRTHDATE/AGE: _____ AGE CAT OBTAINED: _____ FROM: _____

SEX: _____ Is your cat SPAYED/NEUTERED? _____ DECLAWED? _____ INDOOR ONLY? _____

DOES YOUR CAT HAVE ANY HEALTH CONDITIONS? _____ WHAT? _____

PROBLEMS:(Check all that apply) Escape Artist: _____ Picky Eater: _____ Shy: _____ Housesoils: _____ People Aggressive: _____ Animal Aggressive: _____

WHEN & WHERE WAS YOUR CAT LAST BOARDED? _____

DATE OF LAST: FVRCP: _____ RABIES: _____ FLEA TREATMENT date _____ type _____

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COLOR; _____ LONG SHORT OR MEDIUM LENGTH HAIR? _____ WEIGHT: _____

BIRTHDATE/AGE: _____ AGE CAT OBTAINED: _____ FROM: _____

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No Cat Will Be Allowed in the Cat Boarding Kennel Area without current confirmation of vaccinations for FVRCP and RABIES

on a licensed veterinarian's receipt or printout. Your Cat's Veterinarian can **FAX** this information to us at **425-806-8135**. If your cat is found to have fleas or flea-dirt, you authorize topical treatment for fleas (as described on PurrInn's website) and their removal at your additional expense. Cats with infectious diseases, such as distemper, upper respiratory disease, or worms will not be allowed.

DIET: BRAND: CAN _____ DRY _____

AMOUNT EA CAT: AM. CAN _____ DRY _____ PM. CAN _____ DRY _____

PurrInn **requires** that you **bring your cat/s usual brand/kind, wet and/or dry, of food** and treats. Cats too often get diarrhea or stop eating if brand / quality of food is suddenly changed. Bring the amount needed for the planned stay, **plus extra for 3 days** in case the stay is extended.

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CAT/S? Fear of thunder, Epilepsy, Deafness, Sight problems, Allergies, Daily Activities, Rituals, &/or Secrets, Behavioral Characteristics that should be noted. _____

Although it's hard to imagine, if your cat should happen to pass away while on site, we would like to know what you would prefer we do, given we cannot get in touch with you, until you have returned home. _____

EMERGENCY CONTACT: Who should we call in an emergency, and are they aware that they're listed as emergency contact? Yes No

#1 Name: _____ **Relation:** _____

Home: _____ Cell: _____

Work: _____ Other: _____

#2 Name: _____ **Relation:** _____

Home: _____ Cell: _____

Work: _____ Other: _____

NAME OF PERSON/S AUTHORIZED TO PICK UP CAT/S _____

Main Contact Signature _____ Date _____ Spouse or Partner Signature _____ Date _____

Print Name _____ Print Name _____