

Feline Boarding Check-In Sheet

Pet:		Client:	
Sex (circle one): M F MN F	S Breed/Descri	ption:	
Dropping Off: Date	Time	Picking Up: Date	Time
Is pet an indoor, outdoor or indoor	r/outdoor.cat2		
****If not UTD on any of the requir			
Is pet UTD on flea prevention? Typ			
****If fleas are seen on pet, Capsta		•	
Is pet taking any medications?:			
What food does pet eat? How muc	:h and how often?		
Does pet have any allergies or food	d/treat sensitivitie	s?:	
History of illness or injury?:			
Is anything being left with Pet duri	ng their stay (carri	er, bed, toys, food, treats etc.)? D	escribe below.
****We cannot quarantee y	 ou will receive iten	ns back in same condition in which	they arrived or at all****
If applicable (Multi Cat Families), C			
Pets are left unattended during the following morning	-		
Does pet need a bath and/or nail t	rim during stay? _		
***Additional charges apply —Bathi \$10,NT: \$16.00	ng (w/ ear flush &ı	nt): <50 lb=\$16.50, 50-100 lb=\$28,	>100 lb=\$38 ,long coat=add
Does your pet need to be examine	d/treated by a Do	ctor during their stay? (Y \Box N \Box])
Please list problems/concerns:			
If any issues are found with your p	et during their sta	y do we have permission to treat?	?(Y□ N□)
If YES and you are unreachable is th	iere a budget that	needs to be honored and up to ho	w much \$
Signature:			
Phone #:		_	
Emergency Contact:			hone:
Text updates? Initial one. Yes:	No	o:	