

Signature

## **Cat Information**

**Phone Contact** 

Email

	Pet Name :				
	Breed:			Birth Date://	
	M/F N/S	Color:	Weight:		
	Veterinary Hospital:				
pets stay and play while you are away!					
Feeding					
House: Client provid	led:				
How many times per day:					
Has your pet eaten/medicated today	?	When?			
Medications					
Name:	# C	of Pills	#Time	es per Day	
Medical Conditions:					
How do you administer medication?					
How is your cat at the vet? Or groo	omers?				
Can your cat play alone in our Kitty	/ playroom?	o Yeso No C	atnip/cat gra	ass? o Yes o N	0
Clumping or non-clumping li					
Boarding Ala Carte	0				
Hairball remedy o Yes o No How	many?:				
Grooming					
Full Groom, w/haircut/undercoat removal (includes nails, ears, anal glands and professional trimming)		o Full Service Bath (includes nails, ears, anal glands blow-dry, and light brushing)		o Clean up batl (bath only/to	
Specific Instructions:					
Ala Carte					
o Nails o Ears o Brush oTo	eeth oBru	shed while board	ing/how often _		
Has yourpetbeen groomed atour si	stershop"K	itty'sCanineClips	"? o Yes o	No	
Please Note: If your pet is matted, a	dematting c	harge will be appli	ed to your bill o	r your pet will be sh	aved down.

Date