

# Pet Hotel

## CAT GUEST REGISTRATION

**Pet name(s):** \_\_\_\_\_ **Client name:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Emergency contact- name and phone number- while I'm away from home:** \_\_\_\_\_

Anticipated **check in date** \_\_\_\_\_ anticipated **check out date** \_\_\_\_\_ Check Out Time \_\_\_\_\_

Will your pet have **personal belongings?** yes / no

if **yes**, please describe: \_\_\_\_\_

Is your pet currently on **medication?** yes / no **YOU MUST PROVIDE THE MEDICATION TO BE GIVEN**

Medications must be in the original container.

if **yes**, please give name, amount. How Much and How Often?

Does your pet have any known **Allergies or Medical Conditions?** yes / no

if **yes**, please describe: \_\_\_\_\_

**PLEASE READ AND INITIAL THE FOLLOWING CONDITIONS:**

**HEALTH REQUIREMENTS:**

All pet guests must be current on vaccines or titers and free of internal parasites (worms), fleas, and ticks.

If necessary, pets will be vaccinated and/or treated for parasites at the owner's expense.

Yearly exams are required by one of our doctors.

Vaccines Recommended 2 weeks prior to stay but can be given at time of stay.

**REQUIREMENTS -- DOGS: \*\***

RABIES - CURRENT (1-3 years depending on age)

DISTEMPER-PARVO VACCINE OR TITER within one year

BORDETELLA VACCINE within six months

**REQUIREMENTS -- CATS: \*\***

RABIES VACCINE in last 3 years

FVRCP-PNEUMONITIS vaccine or titer within one year

FELV negative test or current series vaccines in last year

\*\* Medical Waivers for Vaccines are granted on a case by case basis.

**EMERGENCY CARE: PLEASE INITIAL ONE OPTION-**

If my pet becomes ill or shows signs of an illness during his/her stay, I UNDERSTAND HE/SHE WILL BE EXAMINED AND STABILIZED AND THE COSTS CHARGED TO THE CLIENT. Once evaluated or stabilized, I specifically authorize the following additional actions:

\_\_\_\_\_ ONLY life saving treatment until the doctor can reach myself or my contact person.

\_\_\_\_\_ ANY necessary treatment that the doctor feels is needed in the best interest of my pet.

\*\*\*\*\* Any treatment for my pet may not exceed an amount of: \$ \_\_\_\_\_

**DAILY ROOM RATES:**

please CIRCLE your preference:

**CATS:** \_\_\_\_\_

Number of Feline Friends.	Single Cat Suite	Duplex Cat Suite	Triplex Cat Suite	Townhouse Tower
One Guest	\$16	\$25	\$30	\$35
Two Guests	--	\$30	\$35	\$40
Three Guests	--	--	\$35	\$40

\_\_\_ Cat TLC package \$ 6.00 per day

Includes: Interactive playtime with pet nanny in CATNASIUM! Daily Hand brushing or petting/massage, Pedicure and Kitty treats!

\_\_\_ Daily Brush out - **REQUIRED FOR LONG HAIR CATS** \$ 3 per day

\_\_\_ De matting fee ( \$2.10 per minute for matted fur).

\_\_\_ Daily medication administration \$6

\_\_\_ Pedicure only \$21

\_\_\_ Ear Cleaning. \$ 57.20 (both)

\_\_\_ BATH on day of checkout \$36.80-42

\_\_\_ Dental Cleaning Package \$ 219- \$450

\_\_\_ Doctor's Exam \$60

I understand that a non-refundable deposit of low end is required. I understand that full payment is required at the time of check-out. I understand that abandonment does not relieve me of financial responsibility.

\_\_\_\_\_  
Signature & Date