

A COUNTRY CAT HOUSE 12006 SW 64 ST MIAMI FLORIDA 33813  
305-279-9770/305-279-7744FAX info@acountrycathouse.com

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CUSTOMER/ CAT (S) INFORMATION Check IN Date\_\_\_\_\_ Time\_\_\_\_\_ Check out Date\_\_\_\_\_ Time\_\_\_\_\_

I understand deposits are not refundable print your name\_\_\_\_\_

Primary E-Mail address: \_\_\_\_\_@\_\_\_\_\_

Secondary E-mail address \_\_\_\_\_@\_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ Other owner's name \_\_\_\_\_

Complete home address \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Complete mailing address \_\_\_\_\_ ZIP CODE \_\_\_\_\_ (If different from above)

Home Phone # \_\_\_\_\_ Cellular # \_\_\_\_\_ Fax # \_\_\_\_\_

Name of Employer \_\_\_\_\_ Complete Address \_\_\_\_\_ Department \_\_\_\_\_

Work Phone # \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_ Position \_\_\_\_\_

If self-employer/freelance type of business \_\_\_\_\_ Company Name \_\_\_\_\_

Other Owners Employer/Self Employer \_\_\_\_\_ Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_ Cell # \_\_\_\_\_

Position \_\_\_\_\_ If self-employer/freelance type or name of business./ industry \_\_\_\_\_

IMPORTANT Contact Person just to contact them in the event we can't reach you DO NOT USE YOUR VET'S INFO, CELL OR TRAVELING PARTNER CELL.

Full Name \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_ zip code \_\_\_\_\_ Phone (home) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Vacation Phone # \_\_\_\_\_ State/ City/ Country \_\_\_\_\_

How did you hear about us?

Please check those that apply: Friend\_\_\_\_ Relative\_\_\_\_ Yellow Pages \_\_\_\_\_ (under heading of cat boarding\_\_\_\_  
Kennels\_\_\_\_ Grooming\_\_\_\_ Pet Sitting\_\_\_\_ New Times\_\_\_\_ Bus Bench\_\_\_\_ TV Special\_\_\_\_ Which one\_\_\_\_  
Home show\_\_\_\_ Pet Show\_\_\_\_ Newspaper Article\_\_\_\_ Florida Pet Pages\_\_\_\_  
Internet\_\_\_\_ which search engine? Yahoo Google AOL MSN yellowpages.com realpages.com other\_\_\_\_\_

Friend/relative referred name \_\_\_\_\_ mailing address \_\_\_\_\_

Daytime Phone number \_\_\_\_\_ We will send a gift certificate for 2 days free of boarding! ( REFER ANYONE FOR BOARDING AND GROOMING YOU GET GIFT CERTIFICATES TOO)

We understand the deep love and bond you have with your cat/s. Do you have any particular questions or concerns.

What is your personal opinion regarding the idea of leaving your cat at home? Did you ever do it and what was the result of that experience?

Why you decided to use or cat boarding service?

FILL OUT THE NAMES AND INFO UP TO 4CATS IN THIS SAME REGISTRATION FORM (please email picture of each cat/close up)

Cat's Name Breed Color Weight Age Claws SEX spayed neutered


MEDICATION /vitamins/Supplements/Insulin/Fluids etc

VERY IMPORTANT We cannot board your cat if your cat needs medication for anything contagious.

PLEASE DISCUSS THIS BEFORE BRINGING YOUR CAT TO US. EXTRA CHARGES AND RESTRICTIONS MAY APPLY. Initials\_\_\_\_\_

! Is your cat on medication Yes\_\_\_No\_\_\_. If yes, what for?\_\_\_\_\_ Instructions\_\_\_\_\_

! Any medication within the last 3 months? If yes, what for?\_\_\_\_\_

FEEDING

Brand\_\_\_\_\_Flavor\_\_\_\_\_Dry\_\_\_Can\_\_\_ FEEDING SCHEDULE \_\_\_\_\_

We provide Iams, Science Diet, Proplan among the premium low ash foods most recommended by vets. We also have a wide selection of other brands and types but if you prefer to bring your own make sure if it is dry it comes in clearly marked and resealed container.

Your cat is indoor only\_\_\_outdoor\_\_\_ both\_\_\_has access to screen patio\_\_\_\_\_

Do you have any other pets at home Yes \_\_\_ No\_\_\_ Types \_\_\_\_\_ Breeds\_\_\_\_\_

To your knowledge does your cat has fleas? Yes\_\_\_No\_\_\_ Don't Know\_\_\_\_\_

Does your cat receive any flea prevention treatment Yes \_\_\_No\_\_\_ Type\_\_\_\_\_ Schedule\_\_\_\_\_

For the health and comfort of all our boarding feline guests, and to maintain a clean flea-free environment we give a mandatory full grooming service to all our guests. We do not use any chemicals, dips or tranquilizers. Our products also do not interfere with any topical flea treatment.

There is a \$15.00 grooming charge for this service per cat per visit . Long hair matted cats extra fee. INITIALS\_\_\_\_\_

Does your cat ever: Sneezing___Coughing___Allergies___what kind_____. Dry Skin___Discharge from eyes___from nose___problem eater ___not drinking water___History of bladder problems cystitis___blood in urine___blood in stool___not urinating___constipation___ traumas___accidents___problematic behavior___any past health problems:
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Vaccination requirements: 1) Current within the last 12 months prior boarding 2) Checklist: FRCP (4 in 1) Chlamydia \_\_\_\_\_ RABIES \_\_\_\_\_ Leukemia Test Date \_\_\_\_\_Leukemia vaccine\_\_\_\_\_ 3) f your cat doesn't get the feline leukemia vaccine on a yearly basis we require a test within the last 12 months indicating the results are negative. 4) Vaccination information must be provided to us by your vet or at time or check in. RABIES CERTIFICATE IS NOT PROOF OF VACCINES

Clinics name \_\_\_\_\_ Vet's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Signature\_\_\_\_\_Print Name\_\_\_\_\_ Date\_\_\_\_\_