

The Cowichan Cat Hotel

It's the Cat's Pajamas!

REGISTRATION FORM

Cat's Name:			
Sex:	Male / Female	Age:	Neutered/Spayed: Yes / No
Date of Stay:	CHECK IN:	CHECK OUT:	
	Time:	Time:	

Owner's Name:		
Address:		
Phone Number:	Home:	Cell:
Email:		
Emergency Contact:		

Veterinarian's Name:		
City:	Phone Number:	
Vaccination Record Provided: Yes / Not yet		
Flea & Worm Treatment:	Date last treated:	Product name:
Medication / Specific Health concerns:		

Diet:	Brand(s):	Allergies: - Yes / No
Please specify preferred feeding times and any other details about your cat's eating habits (including treats) that may make their stay more comfortable.		

Activities:	Indoor only - Yes / No
Please describe your cat's preferences for actives, are they a feisty, active cat who loves to climb? or are they a bit of a couch potato who prefers cave-dwelling? Do they like pets/cuddles/being picked up? Any other foibles?	

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Please read the TERMS of STAY and sign the Agreement below:

LIABILITY WAIVER

In the event of a medical emergency and/or immediate health concerns,

I, _____ (owner's name) give The Cowichan Cat Hotel permission to act accordingly, at my expense, by administering first aid and / or veterinarian assistance, advice and / or treatment.

I, in no way will hold The Cowichan Cat Hotel responsible for loss, injury or death of my cat(s) while in its care.

Signed

Date
