

The Pet Inn, Spa and Wellness Centre

*Cat *GUEST PROFILE

**please complete this form entirely*

Owner's name: _____

Address: _____

City: _____

Province: _____ Postal Code _____

Home Phone _____

Business Phone _____

Cell Phone _____

Email _____

CAT'S INFORMATION

Name of Cat(S): _____

Breed: _____

Weight _____ Color: _____

Birth Date _____

Check where appropriate

Male ___ neutered ___

Female ___ Spayed ___

Method of flea,tick control

Product name: _____

Date last given: _____

Is your cat/kitten litter trained? Yes ___ no ___

Has your cat ever had an illness/virus? If so, please explain_____

Has your cat been ill in the last 30 days? YES ___ NO ___

Has your cat had surgery in the past year? YES ___ NO ___

Has your cat ever been boarded before? Yes ___ No ___

If so, where and how was he or she housed?_____

Has your cat ever been aggressive to people, other cats or dogs?_____

EATING HABITS

Type and brand of food:_____

How much does your cat per feeding?_____

How often?_____

Circle your cats eating habits:

___ eats all food at meal time ___ nibbles throughout the day

___ goes for periods without eating ___ sometimes requires more palatable food to be mixed in to eat

MEDICAL EMERGENCY INFORMATION

Veterinarians Name:_____

Address:_____

Vaccinations that your cat has received:

Rabies ___ others FVCRPRF ___

Please describe any medical or physical problems, including allergies:_____

- Emergency Contact (other than owner)
- Name:_____
- Phone:_____
- Relationship:_____
- If, in our judgement your cat requires immediate medical attention we will begin treatment at CVC (Dr.Marjerrison).
- Signature:_____
- Date:_____

- THE PET INN, Spa & Wellness Centre
- *Please read and initial each item*
- Initials___The Pet Inn, Spa & Wellness Centre reserves the right to immediately change your cats type of boarding/daycare if we believe it is necessary to protect the health and well-being of your cat, other cats and our staff.
- Initials_____all cats must be healthy, and current on all vaccinations. You will be required to bring a copy of your cats updated vaccination records from your vet on or prior to your cats stay.
- Initials___cats with any type of flea or tick problem will be bathed at the owners expense.
- Initials___the house brand of cat food is Royal Canin, should you not send enough food for your cat during his/her stay we will purchase your brand on your behalf and you will be charged for it, or we will feed ours but it will be billed to your final bill.
- Initials___owners are welcome to bring their own blankets, beds, toys etc. however; we cannot guarantee that they will be returned in the same condition or at all.
- Initials_____cat owners should supply us with the cats litter box, litter and food. We do not require you to bring any dishes.
- Initials_____owner is aware that by leaving said pet at the Pet Inn, Spa and Wellness Centre, or any other pet facility, said pet is at a higher risk of contracting viruses, acquiring nicks, cuts and possibly punctures. While we have taken special care in designing our facility and maintaining a high standard of cleanliness and safety, no vaccine is 100% guaranteed.
- Initials_____I understand that I am solely responsible for any harm or damage caused by cat(s) to persons or property of the

Owners, employees and invitees of The Pet Inn, Spa & Wellness Centre.

- **You release, indemnify, and agree to hold The Pet Inn, Spa & Wellness Centre harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, cause of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by The Pet Inn, Spa and Wellness Centre. Owner acknowledges and understands that there are certain risks involved in pet ownership, training and care.**
- **By signing this contract and leaving your pet with The Pet Inn, Spa and Wellness Centre, owner certifies to the accuracy of all information given about the pet. Furthermore, owner has read and understands all procedures and policies included herein.**

Signature: _____ Date _____