

Owner/Patient Information

Please print this form, fill it out and bring it with you to Catopia to expedite the Check-In Process.

Your Name : _____

Full Address: _____

City: _____ State: _____ Zip Code : _____

Home Phone: (____) _____ Cell: (____) _____

Employer: Name: _____ Number: (____) _____

In case of emergency, please call : Name: _____

Phone: (____) _____ Relation: _____

Kitty's Name: _____ Breed : _____

Longhair or Shorthair: _____ Color: _____

Special markings: _____

Declawed(y/n) _____ Female or male: _____

Spayed or neutered: _____ Date of birth: _____

Leukemia and Feline Aids Tested: _____ When: _____

Results: _____

Indoors only or Indoor/Outdoor: _____

Health Problems(y/n) ____ If so, please explain: _____

Medications(y/n) ____ If so, please explain: _____

Please list your driver's license card # _____

Please note that this info is strictly confidential and used to accept checks/debit cards at pick-up. We will make a copy of it and this is a one-time request. Thank you.

How did you hear about us: _____

Our financial policy:

We expect full payment at the time of service/discharge. We accept major credit cards, checks, cash, and debit cards. Pick-ups by non-owners must be pre-authorized and payment arrangements must be made in advance.

I hereby authorize Catopia, Inc. to board my cat(s). If emergency veterinary care should become necessary for my pet, I authorize Catopia to provide the veterinary care required and agree to reimburse Catopia for any and all charges so incurred at the time my pet is discharged.

In consideration of Catopia, Inc accepting my pet for boarding, I do hereby release, discharge and waive claims and/or actions against Catopia, its agents, employees, officers, and insurers arising from or relating to injury, illness or death that may occur during boarding.

Name(please print): _____

Signature: _____ Date: _____