

# 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: \_\_\_\_\_

# Boarding Release Form

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

Your first and last name: \_\_\_\_\_  
Home Phone (with area code) : (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_  
Home Address : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Cat's Name(s) : \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ ,  
\_\_\_\_\_ , \_\_\_\_\_

Breed(s): \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ ,  
\_\_\_\_\_ , \_\_\_\_\_

In case of emergency, please call (local): (\_\_\_\_) \_\_\_\_\_  
Your contact number if different: (\_\_\_\_) \_\_\_\_\_

Health Problems:

\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Check if happened in the last 48 hours: sneezing \_\_\_\_\_ coughing \_\_\_\_\_  
Runny eyes \_\_\_\_\_ vomiting \_\_\_\_\_ diarrhea \_\_\_\_\_  
If checked, please explain \_\_\_\_\_  
\_\_\_\_\_

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, Inc. its agents, employees, officers, other customers, and insurers arising from or relating to injury, illness or death that may occur during boarding.

Name(please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_