

Client Information Form

<u>Cat Owner</u>			
Name:			
Address:			
City:	Province: _	Postal Code:	
Home Phone:		Cell Phone:	
Email Address:			
Emergency Contact			
Name:			
City:	Province: _		
Home Phone:		Cell Phone:	

Veterinarian Clinic Name: _____ Phone Number: _____ Vet's Name: **Check In/Check Out** Check In Date: _____ Time: ____ Check Out Date: _____ Time: ____ Note: Late check out will result in an additional night's fee. Client Initial: _____ Staff Initial: _____

Feline Information

		Cat 1		Cat 2		Cat 3
Name						
Age						
Gender	□ Male	□ Female	□ Male	□ Female	□ Male	□ Female
Breed/Colour						
Medical Conditions						
Feeding Schedule		/day		/day		/day
Items from Home						
Special Behaviour Notations						

<u>Additional Information</u>
Social Media Consent
We post on our social media accounts (Facebook and Instagram) to keep our families in touch with their cat(s) while away.
I consent to my photos of my cat(s) being posted to social media.