



Camp Catnip Multiple Cat Boarding Intake Form

One form for multiple cats from the same household

1. Pet Parent Information

Full Name

Phone Number (Primary)

Phone Number (Emergency)

Email Address

Home Address

2. Cat Details (up to 4 cats)

Cat #1

Cat's Name

Breed

Age

Sex (M/F)

Spayed/Neutered? (Y/N)

Color/Markings

Microchipped? (Y/N)

Vaccinated? (Y/N)

Last FVRCP Vaccination Date

Last Rabies Vaccination Date

Medical issues/medications?

Feeding instructions

Sociability with other cats

Favorite toys

Fears

Cat #2

Cat's Name

Breed

Age

Sex (M/F)

Spayed/Neutered? (Y/N)



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Color/Markings _____

Microchipped? (Y/N) _____

Vaccinated? (Y/N) _____

Last FVRCP Vaccination Date _____

Last Rabies Vaccination Date _____

Medical issues/medications? _____

Feeding instructions _____

Sociability with other cats _____

Favorite toys _____

Fears _____

Cat #3

Cat's Name _____

Breed _____

Age _____

Sex (M/F) _____

Spayed/Neutered? (Y/N) _____

Color/Markings _____

Microchipped? (Y/N) _____

Vaccinated? (Y/N) _____

Last FVRCP Vaccination Date _____

Last Rabies Vaccination Date _____

Medical issues/medications? _____

Feeding instructions _____

Sociability with other cats _____

Favorite toys _____

Fears _____

Cat #4

Cat's Name _____

Breed _____



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Age	_____
Sex (M/F)	_____
Spayed/Neutered? (Y/N)	_____
Color/Markings	_____
Microchipped? (Y/N)	_____
Vaccinated? (Y/N)	_____
Last FVRCP Vaccination Date	_____
Last Rabies Vaccination Date	_____
Medical issues/medications?	_____
Feeding instructions	_____
Sociability with other cats	_____
Favorite toys	_____
Fears	_____

3. Boarding Preferences

Suite Type Booked	<input type="checkbox"/> Standard <input type="checkbox"/> Deluxe <input type="checkbox"/> With View
Number of Cats Boarding	_____
Preferred Drop-off Date/Time	_____
Preferred Pick-up Date/Time	_____
Allow treats from staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grooming/Nail Trim Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Extra Playtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Veterinary Contact

Clinic Name	_____
Veterinarian Name	_____
Phone Number	_____

5. Emergency Care Authorization

I authorize Camp Catnip to obtain veterinary treatment for my cat(s) if needed and accept financial responsibility for any resulting costs.



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Signature: _____

Date: _____

6. Policies Acknowledgment

☐ I confirm that all vaccinations are current.

☐ I have reviewed and agree to Camp Catnip policies regarding boarding, health, and emergencies.

☐ I understand that Camp Catnip is not liable for pre-existing health conditions.

Signature: _____

Date: _____