

STAY KITTY STAY CAT BOARDING INFORMATION SHEET

Please complete and email; info@staykittystay.com or fax: 866-439-6093

Owners name(s): _____

Contact number(s): _____

Cat(s) Name(s) & Age(s) _____

Boarding Dates

Requested: _____

If boarding 2 + cats can they stay in the same condo together? ___Y___N

Emergency Contact: _____

Emergency Contact Phone: _____

Boarding check in date: _____ Boarding check out date: _____

Current Veterinarian Info:

Name: _____

Address: _____

Phone/Email: _____

Exam/Concerns: _____

Vaccine/Test History:

RABIES: ___Y___N _____ DATE

FVRCP: ___Y___N _____ DATE

FeIV TEST: ___Y___N _____ DATE

FIV TEST: ___Y___N _____ DATE

Does your cat have any of the following chronic conditions:

Diabetes ___ **IBS/IBD** ___ **Food Sensitivity** ___ **Allergies** ___ **Eye/Ear Infections** ___

Heart Condition ___ **Arthritis** ___ **Asthma** ___ **Teeth/Gum Issues** ___

Additional medical/health needs:

Does your cat(s) require medications? ___Y___N If yes, please list name/dose/time of day, or include instructions with medication.

Does your cat have diet restrictions? ___Y___N Currently on a specific food? ___Y___N if yes, please list brand/amount:

Please select either Y=yes or N=no. Is your cat,

good with other cats: Y__N__

afraid of noises: Y__N__

sensitive to touch: Y__N__

fearful of people/animals: Y__N__

can be aggressive (bite or scratch): Y__N__

**If yes to any, please
explain:** _____

Please complete this form and email to info@staykittystay.com or fax 866-439-6093 and we will then be able to make a reservation for your cat(s).

Without this form completed we cannot reserve your cat's boarding!