Boarding Authorization

Date:		
Owner's Name		
Guest Name(s)		
Suite Type: "Standard" w/out window (\$	523) "Garden" with window (\$28)	Daycare for the day (\$16
Check In: Date Check	Out: Date	
Amenities: Would guest like: Water Foun	tain (\$6) Heated Be	ed(\$6)
Emergency Contact Name:		
Emergency Contact Number:		
All Cats Must Be Free of Fleas Advant	age will be applied at owners exp	ense if fleas are found.
My Cat is treated for fleas every month with	th	
Date of last application		
My Cat(s) eat	Dry & Canned	
I have provided my cat's own food:		
Special Dietary Instructions:		
My cat takes medicine (Y/N)	Instructions:	
Guest's toys or bedding brought to Aristoca	ts	
Please groom my cat(s) (Please specify	·)	
Please Microchip my cat(s)		
In the case of an emergency, Aristocats is a information sheet for any necessary medic Veterinary costs incurred.	-	-
I fully intend to pick up my cat(s) on the da	ite stated above.	
Signature	 Date	