Boarding Authorization

Date: _____

Owner's Name_____

Guest Name(s) _____

Suite Type: **"**Standard" w/out window ($25) "Garden" with window ($30) Daycare for the day ($18)

Check In: Date_____ **Check Out:** Date_____

Amenities: Would guest like: **Water Fountain ($8) _____ Heated Bed($6)_____**

Emergency Contact Name: _____

Emergency Contact Number: _____

****All Cats Must Be Free of Fleas** Advantage will be applied at owners expense if fleas are found.**

My Cat is treated for fleas every month with_____

Date of last application_____

My Cat(s) eat **Dry Only_____** **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 Aristocats _____

___ Please groom my cat(s) (Please specify) _____

___ Please Microchip my cat(s) _____

In the case of an emergency, Aristocats is authorized to contact my Veterinarian listed on my client information sheet for any necessary medical need. Aristocats will not be held responsible for any Veterinary costs incurred.

I fully intend to pick up my cat(s) on the date stated above.

_____ _____

Signature Date