



212 Hillside Rd, Fairfield, CT 06824 • (203) 254-0700
www.greenfieldanimal.com

CAT HOTEL GUEST REGISTRATION FORM

Today's Date: _____

Owner's Name: _____ Cat's Name: _____

Check-in Date: _____ Check-out Date: _____

Please provide the best number to reach you today: ____ (____) _____

Special Requests:

Medications (\$3 per dose) Please list Medication(s): _____

Dental Evaluation (no charge)

Physical Examination (\$70) Concerns: _____

Bath or Grooming (starting at \$50 – estimate available)

Dentistry (estimate available)

Food: Ours Yours Feeding Instructions: _____

For your cat's protection, all vaccines must be current. This includes Rabies, FVRCP, and Leukemia. If you choose not to vaccinate against Leukemia, a test will be required every third year to ensure the safety of all of our guests. Upon admitting, **all cats will be checked for evidence of external parasites to prevent infestation of other boarders.** If any fleas, ear mites, or ticks are found, your pet will be treated at your expense.

Should your cat become ill during boarding we will attempt to contact you according to your instructions. If your emergency contact cannot be reached we will treat your pet as we deem necessary.

Emergency Contact: _____

Phone Number(s): _____

We do not release pets on Sundays or Major Holidays. Payment is due when you pick up your cat. Please label all of your cat's belongings. We cannot be responsible for lost or missing items.

I have read the above terms and conditions.

Owner's Signature: _____ Date: _____