



# Guest Information Form

Name

Cell Phone

Spouse/Partner

Cell Phone

Address

City

State/Zip

Email

Emergency Contact Name / Cell

Check in Date

Check in Time

AM/PM

Check out Date

Check out Time

AM/PM

Kitty Name	Age	Color	Gender

**One Cat: \$60 | Two Cats, \$75 | Three Cats, \$90 | Four Cats, \$100 | Additional Cats, \$15 each**  
**10% Weekly Discounts, 15% Monthly Discounts | Medications: \$ 5 - \$10 | Daycare \$50**

## Health & Safety Requirements\*

To protect your own cat and our other guests, we require the following:

- Flea treatment before arrival
- FVRCP vaccine
- Negative FeLV test result within the past 30-days for cats who spend time outdoors, or must be in a private room

We ask that you provide us with your a copy of cat's vaccination record at or before check-in.  
Please also verify at check-in that your cat is in good health.

\*Some requirements can be waived. Discuss with bnb.

Vet Name

Phone

Address

**Payment: Cash, Venmo, or Credit Card (3% added). 50% required at Check In**

Signed

Date





# Emergency / Medical Treatment Authorization

We ask you to fill out this form, so that, in the very unlikely event your cat needs emergency medical treatment, while you are away, we will be prepared.

We will first contact YOU and your veterinarian. If you or your veterinarian are not available, we will bring your cat to a nearby available vet.

Vet Name  Phone   
Address

The Vet will require payment at check-in.

While I am away, I \_\_\_\_\_, give permission to \_\_\_\_\_, to obtain veterinary treatment for my cat(s). with charges not exceeding \$ \_\_\_\_\_

Should my cat require care or treatments exceeding this amount, I authorize \_\_\_\_\_ to have the veterinarian of its choice provide the care required to stabilize and maintain my cat's / cats' comfort until I can be contacted to authorize these additional treatments.

In case of emergency which would you choose, **CPR or Do not resuscitate?**

\_\_\_\_\_

If I cannot be reached, I have appointed the following to make decisions on my behalf:

Name  Phone   
Relationship

## **\*\*When Traveling outside the USA**

I authorize \_\_\_\_\_ to use my debit or credit card as payment for emergency veterinary services while I am away.

Visa / Mastercard #  Exp date   
Your information will be kept private and secure CVV

This agreement will remain in effect for return visits by my cat(s), until changed in writing by myself and witnessed by a member of the \_\_\_\_\_ staff.

Signed  Date





## Release / Waiver

As the client, I understand that although very unlikely, potential harm could occur to my pet while in the care of \_\_\_\_\_. I agree to release and hold harmless \_\_\_\_\_ from all liability including its owner or employees, should my pet become lost, injured should my home suffer any damage not due to any negligence on \_\_\_\_\_ part.

I, hereby grant permission to \_\_\_\_\_ to act on my behalf, and in my pet's best interest, by obtaining veterinary care, should it be deemed necessary for the health and well being of my pet. I further agree to pay for or reimburse the cost of any and all veterinary or reasonable necessary services whose costs \_\_\_\_\_ may incur. further, I attest that my pet/s are up-to-date on all vaccinations and will provide proof of it. I also attest that my pet does not suffer from any life threatening or contagious condition that may be exacerbated by exposure to other pets, or expose other animals to undue risk while in \_\_\_\_\_ care.

Understanding the risks as stated above, I freely and voluntarily enter into this contract, including the release and waiver, with \_\_\_\_\_.  
This contract is full and complete and hereby agree to these terms.

**I agree to the terms above (Please initial)**

Signed

Date





## Your Kitty History... (just to be super safe)

Has your kitty been declawed? (Yes/No)

Is your kitty Microchipped? (Yes/No)

Does your kitty get along with other cats? (Yes/No)

Does your kitty go outside? (Yes/No)

Has your kitty ever escaped and gone outside? (Yes/No)

If yes, what happened? How did kitty get out? How did you find kitty?

Does your kitty have any specific fear or aversion that we should be aware of?

How would you describe your kitty's temperament? (Alpha, Chill, Timid, Scaredy-cat?)





# Feeding Instructions

Food brand

Amount

Feeding times

My cat has been fed today

☐

My cat has free feeding

☐

Special Instructions

Favorite likes?

Medications:

The instructions on the medication are accurate (yes/no)

☐

Please follow the instructions on the medication container? (yes/no)

☐



# What to Pack?!

## Checklist

- ☐ Food - Enough wet & dry food for their entire stay
- ☐ Litter - is included, but bring your own if super fussy
- ☐ Treats - Favorite treats and snacks
- ☐ Beds - Have a favorite bed that smells like home?
- ☐ Toys - Bring toys! We have lots but never too many
- ☐ Brush - Grooming stuff, brushes & combs
- ☐ Something from home - a t-shirt or blanket that smells like you

What I brought: (please help me pack everything up!)





# Cat Tales

This section is for your host to make notes for your next stay

