

The Catnap Country Inn

29 Haines Road
Bedford Hills, New York 10507
Phone: (914) 684-1631 Fax: (914) 684-1633

Owner/Cat Registration

Owner's Information

First Name:		Last Name:	
Address:			
City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Vacation Phone:		Email:	

Emergency Contact Information

First Name:		Last Name:	
Home Phone:	Work Phone:	Cell Phone:	

Your Regular Veterinarian's Information

First Name:		Last Name:	
Hospital/Clinic Name:			
Address:			
City:		State:	Zip:
Phone:		Fax:	

Cat's Information

Cat's Name:		Color:	
Age:	Breed:	Sex:	Altered?
Date of Arrival:		Date of Pickup:	

Medications

(Please discuss the medications your cat will require during his/her stay at the Catnap Country Inn BEFORE the day of check-in. Medical board charges may apply.)

Medicine	Dosage/Amount	Dosing Frequency

Cat's Feeding Information

Brand(s) of Cat Food	Flavor	Dry/Canned/Both	Feeding Schedule

External Parasites

To your knowledge, does your cat currently have fleas or ticks? (Yes/No) _____

Does your cat receive any flea/tick prevention treatment? (Yes/No) _____

If so, what product and schedule? _____

Cat's Medical History

Does your cat ever show any of the below signs:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Coughing | <input type="checkbox"/> Allergies | <input type="checkbox"/> Dry Skin | <input type="checkbox"/> Eye Discharge |
| <input type="checkbox"/> Nose Discharge | <input type="checkbox"/> Not Urinating | <input type="checkbox"/> Picky Eater | <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Cystitis (blood in urine) | | |
| <input type="checkbox"/> Others? | _____ | | | |

Release Form

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above named cat, and does hereby request, consent, and authorize the Catnap Country Inn, and its veterinarians and staff, to board and care for this cat. In case of an emergency situation, the undersigned authorized the veterinarians and staff at the Catnap Country Inn to do whatever is necessary in the cat's best interest. The undersigned acknowledges that payment is required at the time of check-out from the Inn. If I have requested that more than one cat from the same household lodge together in the same or adjoining condo, I acknowledge that conflicts between family member cats may sometimes arise, and if that does occur, I do not hold the Catnap Country Inn or its staff responsible.

Signature of Owner or Agent

Date

Printed Name of Owner or Agent