

Guest Information Form

CATAC		Name					
CATAC	ABANA 🖁						
82000000000000000000000000000000000000	2000000000000000000000000000000000000	Cell Phor	ne				
Address							
City			ZIP				
Emergency Con	tact Name						
Emergency Con	tact Cell						
Check in Date			Check in Time		AN	//PM	
Check out Date			Check out Time		AN	//PM	
	Kitty Name		Age & Bday	Color	_		Gender
One Cat: \$6	60 Two Cats:	\$75 Thre	 ee Cats: \$90 Fou	<u> </u> r Cats: \$100 <i>A</i>	Addition	I al Cats	: \$10
			s: \$5 -\$10 Raw f	ood \$5/day			
Health & Safety	-						
,		J	sts, we require the	following:			
• Flea treatmer		l					
FVRCP vaccing		la: 4la a a a	-4.20 -1				
_		nin the pas	st 30-days for cats	wno spena time	outdoors	s, or mi	UST
be in a privato		a conv of v	our cat's vaccinati	on record at or h	nefore ch	eck-in	
Please also verify	at check-in tha	at your cat i	is in good health.	on record de or a	octore en	icciv ii i.	
Some requiremen	ts can be waived	d. Contact u	S.				
Payment: Cash,	Check, Zelle	or Venmo.	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 Catacabana to obtain veterinary treatment for my cat(s). with charges not exceeding \$_____ Should my cat require care or treatments exceeding this amount, I authorize Catacabana to have the veterinarian of their 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 If Traveling outside the USA I authorize Catacabana to use my debit or credit card as payment for emergency veterinary services while I am away. Visa/Mastercard # CVV Exp. Date 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 Catacabana 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 Catacabana. I agree to release and hold harmless Catacabana from all liability including its owner or employees, should my pet become lost, injured should my items brought from home suffer any damage not due to any negligence on part of Catacabana.

I, hereby grant permission to Catacabana 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 Catacabana 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 Catacabana care.

Understanding the risks as stated above, I freely and voluntarily enter into this contract, including the release and waiver, with Catacabana. 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?)
I do not want pictures of my kitty posted on Instagram (@catacabanaSD)
I do not want my kitty to be given catnip/silvervine
I do not want my kitty to be given additional treats





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
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Cat Tales

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

