



The Four Paws
Hotel & Day Resort
Daycare Boarding and Spa Services
810.771.7266
www.thefourpawshotel.com

Boarding Intake Form:

Client's Last Name: _____

Cat Name(s): _____

Best way to reach you: _____

Arrival date : _____ Departure date: _____ Pick up time: _____

	AM	Midday/Naptime Snack	PM
Food & treats (amount for each meal)			
Medication (name, dosage, and reason for medication)			

Special Instructions/Health/Allergies	
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Boarding Upgrades and Pampered Pets (Please check or X off)	
<input type="radio"/> Personal Concierge (Updates w/ text & photo!) \$3 Every Day____ OR Every Other Day _____ Phone number to text _____	<input type="radio"/> Warmed Kitty Kozy \$2 Every Day____ or Every other day____
<input type="radio"/> Bed Time "Tail" & Tuck-in (late night tuck in) \$4 Every Night____ or Every Other Night _____	<input type="radio"/> Frolic Laser Play \$3 Every Day____ OR Every Other Day____
	<input type="radio"/> Cap Nip \$ 2 Every Day____ OR Every Other Day____

Please list and describe items you're leaving with your cat



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We strongly recommend that all items be clearly labeled.

(Please ask for a marker if you need to label them)

The Four Paws Hotel and Day resort is not responsible for personal items or belongings that may be lost, destroyed, or damaged. If your pet is staying for a duration of 24 hours or less your belongings will not be returned laundered

I approve _____ to pick up my pet, and should my reservation plans change, I do understand I will be responsible for payment prior to my pet's departure with listed person(s).

Terms and Conditions

By signing below I understand that:

1. I will be charged for all nights that I have reserved for my cat unless 2 days' notice is given.
2. I authorize The Four Paws Hotel and Day Resort to transport my pet to a licensed veterinarian for medical evaluation and/or treatment should it be deemed necessary by an owner or employee of The Four Paws Hotel and Day Resort. I understand that I will be responsible for all charges related to the medical evaluation and/or treatment.
3. I understand that candid photographs are taken and that my pet(s) may appear in picture and posted to social media

Signature _____ (Date)