



**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)