

Feline Hotel Check-In

PETHOTEL	Owner's Nan	ne:		ę.				
Pet's Name: Check-In Date:			Breed:					
				Drop Off Time: (7am-7pm)				
				Pick Up Time: (7am-3pm)				
					current information e rate will be charge	regarding yourself an d. Initial	d your pet.	
		FEL	INE PURF	RFECT SUITE	\$28			
_					Y EVEN BETT			
Eve					o within the confine:	s of "Cat City".		
D. D. Line &	Daily	-	Owner's Init.		0	Training (miles		
Brushing \$5 Yummy Dental Treats				Nail Trim \$1 Exit Bath Sh		Haircut (prices va	-	
				(Highly recomm	ended at check-out; Include.	s bath, brush, nail trim, ear clea	ning and blowdry)	
		Fl	EEDING I	NSTRUCTION	IS			
Dry Food Brand:	Food Brand: Canned Food Brand:							
Raw Food Brand: Treat Brands:								
Feeding Times: M Special Instructions For Fe						Amount		
MEI All medications must has Quantity Gived At Check I	we will be servi	ng our house bro SUPPLEN ceription label in	and that is avai MENTS (Wacluding pet's no	ilale at a charge of \$ E DO NOT AI ame. Be as detailed		itials NJECTIONS) opriate dosage(s) and ma		
Type		Dosage			AM	NOON	PM	
REASON								
TypeREASON					AM	NOON	☐ PM	
Type					AM	NOON	РМ	
REASON								
ADDITIONAL INS	STRUCTION	S:						
				and conditions of t				
Owner's Signature:						Date:		
Printed Name:						Date:	Date:	