



Pet # _____

Laughing Dog Kennel Cat Boarding Admission Form

Owner's Name: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell: _____

Your pet's health and happiness are our primary concerns. If the Staff notices a medical problem they will attempt to contact you immediately, if you cannot be reached we will attempt to contact your Emergency Contact. An emergency contact number **MUST** be provided upon check-in. The emergency contact person **MUST** be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. We will notify your Emergency Contact person & they can call your veterinarian/arrange for transportation & treatment. You will assume all financial responsibilities for veterinary charges by your veterinarian.

Emergency Contact: _____

Email: _____

Method of Payment: _____ Deposit: _____

Veterinarian: _____ Ph. _____

Attach vaccination proof from veterinarian.

Last FDRT Date: _____ Last Rabies Date: _____

Your Cat's Information

Cat's Name: _____ Color: _____

Breed(s): _____ Age: _____

Male / Female (circle) Spayed / Neutered (circle)

Brand/type of food: _____

Feeding Instructions: _____

Does your cat like canned food? _____

Any Health Issues: _____

Any Medications: yes / no Instructions: _____

Any known allergies: _____

Does your cat have any history of UTI issues or blocking? _____

Does your cat have any litter box issues? _____

Personality Description: _____

How is your Cat with strangers/new people? _____

Is your cat used to Dogs? _____

Any Fears? (thunderstorms, etc.): _____

Is your cat?(circle) curious confident nervous/likes to hide playful
adventurous loves affection friendly outgoing Loves catnip
Loves toys Loves affection

Any other information you would like us to know about your cat:
