

COZY CAT INN CLIENT INFORMATION

Owner name(s) _____
Address _____
Home Phone _____
Work phone _____
Cell Phone _____
Email _____

Veterinarian _____
Phone _____ (to confirm vaccination status)

Please notify your veterinarian of your boarding reservation and inquire about consent forms that their office might required in order to treat your cat(s) in your absence.

Emergency Contact Information

At least one emergency contact person must be local, willing and able to pick up your cat(s) solely for the sake of an emergency evacuation.

| Name | Relation | Phone | Phone | Phone | Email |
|----------------------------|----------|-------|-------|-------|-------|
| (friend, family, neighbor) | | | | | |

_____ is authorized to make medical decisions for my cat(s) on my behalf, if I cannot be reached.

_____ is my evacuation person.

_____ shall assume responsibility and custody of my cat(s) in the event that I am prevented from returning to collect my cat(s).

Signature _____ Date _____