NEFFSVILLE PET RESORT FELINE CHECK-IN FORM Checked in by: Weight: Pet's Name Owner's Name(s) First and Last **Drop-Off Date** Pick-Up Date Pick-Up Time Acct # AM / PM Rate: Room: Primary Contact: _____ Phone number: _____ Emergency Contact (local): Phone number: Is this person authorized to pick up your cat? YES / NO **Feeding Instructions** Own Food or NVC Science Diet **Last Meal: AM** NOON PM **OTHER** Quantity If necessary, may we entice your cat to encourage them to eat? (wet food, treats, etc): YES / NO If your cat has diarrhea, may we feed them Hill's Gastrointestinal Biome Diet? (Charge of \$3/day) YES / NO Has your pet experienced any coughing/sneezing/diarrhea/vomiting in the last 10 days? YES / NO Behavioral or Health Concerns, Lumps/Bumps, etc.: Known Allergies? **YES / NO** Please list if applicable: _____ Does your cat require medication during their stay? **YES / NO** If "yes," please fill out a medication form. For multi-cat reservations: Can your cats share their rooms and/or playtimes? YES / NO Additional Notes: **Lodging Enrichments** Included in daily schedule: play time in the feline common area (depending on temperament) **SPA TREATS** ☐ Nail trim ☐ Silvervine Sticks Feline 2 paws - \$10 $\Box 1 - \$3 \quad \Box 3 - \$8 \quad \Box 5 - \$12$ Feline 4 paws - \$15 ☐ Churu Lickable Treat ☐ Furminator Coat Brushing \$6 $\Box 1 - \$3 \quad \Box 3 - \$8 \quad \Box 5 - \$12$ I have reviewed and concur with all check-in information. I understand there is not an overnight attendant. I agree to pay for the above selected services and nightly lodging. I understand that I am allowed to, but discouraged from, bringing in personal items (including beds) for my pet to use during lodging.

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Signature:	Date:
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