



Guest Registration Form

Kitty Korner (250) 740-KATS (5287)

Owners Information:

Name: _____ Tel: _____ Cell: _____

Address: _____

City: _____ Postal Code: _____ Email: _____

Local Emergency Contact Information

In the event of an emergency the following individual has the right to make decisions on your behalf.

Name: _____ Phone: _____

Veterinarians Information:

In the event that your cat(s) requires medical attention

Name: _____ Clinic: _____

Tel: _____

Cat(s) Information:

Cat's name	MN/FS	AGE	Description	Vacc.	Flea Tx	Disposition

Check In Date: _____ Time: _____

Check Out Date : _____ Time: _____

Type of Accommodation: _____ Rate: _____

Feeding Instructions:

Special Instructions: _____

I agree to be bound by the terms of the boarding contract originally signed on _____

Signature _____