

California Cat Center

Owner's Information

Name: _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Emergency contact name: _____

Emergency contact number: _____

E-mail: _____

Would you like to receive our Monthly newsletter? Y/N e-mail: _____

Pet's Information:

Name: _____

Age: _____

Weight: _____

Color: _____

Breed: _____

Long or short hair? _____

Sex: _____

Spayed or neutered?: _____

Medications (if any): _____

Special diet (if any): _____

Veterinarian (name & number): _____

FVRCP VAC EXP: _____

Rabies VAC EXP: _____

Name: _____

Age: _____

Weight: _____

Color: _____

Breed: _____

Long or short hair? _____

Sex: _____

Spayed or neutered?: _____

Medications (if any): _____

Special diet (if any): _____

Veterinarian (name & number): _____

FVRCP VAC EXP: _____

Rabies VAC EXP: _____

Reservation Info:

Check in (date & time): _____

Check out (date & time): _____

Credit Card Info:

Card type: _____

Number: _____

Expiration: _____

Code: _____

Whom may we thank for your referral? _____

Additional Spa Services?

_____ Bath & Brush
_____ Nail Trim
_____ Lion Cut
_____ Flea Treatment
_____ Other: Specify

*Please note: Check out is **before 11:00 am**. Any check outs after 11:00 are considered late check outs and you will be charged for the next day.*

For Office Use

_____ Advised of: Cancellation Policy
_____ Advised of: Minimum Stay