



City Bark

Cat Activity Sign-Up

Cat's FIRST AND LAST Name: _____

Emergency Contact for this stay: _____
This should be someone other than owner(s) Phn #: _____

My cat(s) will be with City Bark: FROM: _____ TO: _____

Feeding (Check one): **House Food:** **Own Food:**
If SUNDAY: 7am - 9am
(Check one) 5pm - 7pm

(How Much?): AM: _____ PM: _____

Would you like your cat to have Bedding? (Check one) Own City Bark's None
Does your cat have any allergies we should be aware of? (What? _____) YES NO
If your cat is not eating, may we add canned food at your expense? YES NO
If your cat runs out of their own food, can they eat Eagle Pack (House Food)? YES NO

What are you leaving: (Check all that apply) **Leash(s):** **Bed(s):** **Toy(s):** **Med(s):**
List any medications that need to be administered during this stay as well as vet's recommended dosage and frequency: **(Medications must be in original container & clearly labeled by vet)** _____

If your cat develops diarrhea while boarding, may we administer Famotadine? YES NO

Signature REQUIRED: _____

Standard Room: \$17.50 per night for each cat

1/2 hour additional private outing (\$15.00/day)

No Thanks, my cat(s) will be fine with the standard stay.

Everyday **Every Other Day**

If you have multiple cats, can they...

Stay Together: YES NO
Eat Together: YES NO

(Commingle Form must be signed)

Employee Section:
Need Now (Y/N): Intake Time 7AM 1PM 4PM Intake By: _____
Med: Paperwork Created By: _____
Meal: Checked-In Computer By: _____
Double Checked By: _____

Departure Time 10AM 1PM 7PM
Kennel Pulled By: _____
Checked-Out By: _____