

**The Feline Inn**  
**79-18 Eliot Ave.**  
**Middle Village, NY 11379**

Date: \_\_\_\_\_

Clients Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
(Last) (First) (Last) (First)

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
(Street) (Apt)

\_\_\_\_\_  
(City) (State) (Zip) SS: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

Pager: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Place and/or Person we can contact in case of emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Cats Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M ( ) F ( )

Neutered: Yes ( ) No ( ) Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_

\*\*Date Last Vaccinated: \_\_\_\_\_

Proof of Vaccination if not done here: Yes ( ) No ( )

Name of animal clinic where your cat is normally seen: \_\_\_\_\_

Has your cat been boarded elsewhere: Yes ( ) No ( ) if Yes, Where: \_\_\_\_\_

Diet: What does your cat normally eat: \_\_\_\_\_

Is your cat on any medications: Yes ( ) No ( )

If Yes, specify: \_\_\_\_\_

Are there any special requests (i.e. toys, treats, catnip, etc), which would make your cats stay more comfortable here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* Due to the fact that this is a hospital facility which supports and maintains the health of sick and healthy cats, it would be in your cat's best interest to be up-to-date on his/her vaccines which protect against highly infectious airborne diseases.

\*\*\*All Boarding fees do not include sales tax (8.25%)