



Kitty Corner Boarding Service, LLC

kittycornerboarding@gmail.com

1 (864) 990-3056

Admission Questionnaire

Cat's Name: _____

Is your cat up-to-date on core vaccinations? Y/N

~~Please send proof of up-to-date vaccinations (rabies and FVRCP) to our email.~~

Is your cat displaying any signs of illness, including wheezing, runny nose or eyes, itching, vomiting, diarrhea, sneezing or coughing? Y/N

Does your cat spray? Y/N

Can your cat be handled safely? Y/N

Is your cat at least 12 weeks of age? Y/N

What flea prevention is your cat on and when was it last administered?

(Note: Penalty fee of \$50 will be issued in the event that fleas are discovered after admission)

Catio Access? Y/N

Do you wish to receive updates on your cat(s) while you're away? Y/N

If so, what is your preferred email? _____

Type of Enclosure: Medium (2 Levels) Large (3 Levels)

Drop-Off date:_____ Drop-Off time:_____

Pick-Up date:_____ Pick-Up time:_____

Note: Pick-ups after 11 AM will result in additional daily charge

| | AM | PM |
|---|----|----|
| Food (type/amount) Treats *(Pamper Package Only)* | | |
| Medication (name, dosage, and reason) *Oral Only* | | |

*Are there any special instructions or things you'd like us to know?
