



APPLICATION Feline Guests

Please Print Clearly: Owner Information (Circle) Vacation OR Day Care

Last Name: _____ First Name: _____

Address: _____

Phone #: _____ Cell number: _____

Emergency contact: _____
(Name & phone number)

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Owners going to: _____ Staying at: _____

Additional Comments: _____

Cats Name: _____ Breed or Mix _____ Male _____ Female _____

Is the Cat spayed/neutered? Yes _____ No _____ Date of Birth (Age/approx.) _____ Weight: _____

Coloring: _____ Distinguishing Physical Characteristics _____

Any permanent identification YES _____ NO _____ Chip # _____ Tattoo _____

Does the Cat get along with people? YES _____ NO _____

Has this cat ever been left overnight? YES _____ NO _____

Does this cat have behaviors we should be aware of?

Do you foresee any problems with this cat during its stay are the Resort?

HEALTH: Please describe this Cats general Physical Health. _____

Please ensure that the cat is up to date with current vaccinations. (Proof must be shown at check in)

Does this cat have any allergies? Yes___ No___

Is this cat on any medications, vitamins supplements, etc.? YES ___ NO__ If YES - Details

Veterinarian's Name_____ Clinic Address_____

_____ Phone # _____

FEEDING: You are to bring sufficient amount of your cat's usual food for your cats stay. Changing diet can create upset stomach and we want to ensure a healthy stay.

What brand of food do you feed this cat?

Is the Food Dry_____ Canned_____ Both_____ Other _____

How much do you feed this cat? _____ How Often (Times) _____

(You may bring your own Cat Litter if special litter is required for your cat.)

Any other comments that you would like to share to ensure a happy stay with us.

Rocky Mountain Pet Resort and Spa take our Pet Care seriously and want to create a friendly, safe and enjoyable experience for all our guests. We take reasonable efforts to ensure safety, security and well being of all the dogs entrusted to our care

A Rocky Mountain Pet Resort & Spa waiver must be signed upon check in. This completes the application process and unless you notify us of changes to the above you do not have to fill this out again. Thank you.

FAX: (250) 347-9945

This is an Application only and does not confirm a reservation until an interview is held & deposit received.

RMPR Fill Out:

Application received _____ Interview Held _____ Vaccinations up to date _____ Deposit Received_____

Waiver signed _____ Accepted _____ Not Accepted _____ Waiting List (Date) _____

Signature (RMPR) _____ DATED: _____