



# Hatrick's House

BOARDING KENNELS

## Registration Form - Cats

306-980-5140 [info@hatrickshouse.com](mailto:info@hatrickshouse.com) [www.hatrickshouse.ca](http://www.hatrickshouse.ca)

Thank you for choosing Hatrick's House Boarding Kennels to take care of your family. Please fill out the following form – either typed or large, clear printing please.

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

### Alternate Emergency Contact (other than owner)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pet Information:

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: M/F \_\_\_\_\_ Spayed or Neutered: Yes/No \_\_\_\_\_

**Overnight Boarding**

Drop off Date: \_\_\_\_\_ Pick up Date: \_\_\_\_\_

Feeding Info: (Frequency/Amount/Treats)

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**Veterinarian Information**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

After Hours Contact: \_\_\_\_\_

**Vaccination Information (Please attach copy of vet record for our file)**

Cats:

Distemper Yes/No                      Date Received: \_\_\_\_\_

Rhinotrachetitis Yes/No              Date Received: \_\_\_\_\_

Calicivirus Yes/No                      Date Received: \_\_\_\_\_

Rabies Yes/No                              Date Received: \_\_\_\_\_

Tick/Flea Medication Yes/No    Monthly

Forms of identification:    Tattoo    Microchip                      None

**General Health Information**

Does your pet have any health problems that we should be aware of?

Please describe.

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Does your pet require any medication? Yes/No \_\_\_\_\_

If yes, please provide details on dosage, timing and appropriate ways to administer.

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Has your pet ever been to a kennel in the past? Yes/No \_\_\_\_\_

Provide some details if it would help ensure that their stay with us is a positive experience.

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Is there something special that your pet likes to play or do?

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Is there anything else we should know about your pet?

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## Certification of Ownership

I certify that I am the pet owner, and/or that I am authorized to board the pet and sign this form that the above information is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date