

Four Paws Pet Resort, LLC * Reservation Application and Boarding Agreement For Cats

Please mail or fax this application to:
Four Paws Pet Resort, LLC
1737 Sane Road, Dalton, Georgia 30721
Call with questions: (706) 428-9937
Fax (706) 428-0770

Reservations

The Registration Desk is open during the following times for Check-In and Check-Out:
Mon – Tue – Thr – Fri : 7:30 am – 11:30 am & 2:00 pm – 5:30 pm / Saturday: 8:00 am – 12:30 pm
Wednesday & Sunday by Appointment Only

Requested Check-In Date: _____ Check-In Time: _____

Requested Check-Out Date: _____ Check-Out Time: _____

Stay Calculations

Stays are calculated by night. For example, if a guest checks in at 8:00 AM and out the next day at 5:00 PM it is still just one night charge.

After Hours Pick Up

We no longer offer after hour pick-up times. You can only pick up your pet(s) during our scheduled hours.

About You

How did you learn about Four Paws? _____

First Name: _____ Last Name: _____

Spouse Name: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____
(Someone other than you or your spouse)

Your Preferred Phone: Home Cell Work Emergency Contact
(Please circle one)

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____
(If different than mailing)

City: _____ State: _____ Zip: _____

*****IMPORTANT NOTE*****

BEFORE your cat's arrival, Four Paws **must** receive CURRENT vaccination records. Your vet **must** fax information to (706) 428-0770.

Required vaccinations for cats are: Rabies and FVRCP.

Also, in order to provide the highest quality of care in a multi-animal environment, our policy is that flea medication must be applied within the last 30 days, year around. If this has not been done you will be required to purchase one upon arrival and we will take care of applying it. This is to prevent parasite infestation. This application is completely safe for your pet and is highly recommended by our consulting veterinarian.

About Your Cat

Cat's Name: _____ Color: _____

Sex: Male Female Neutered Spayed
(Please circle one)

Breed: _____ Approximate Weight: _____ Date of birth: _____

Vet's Office Name: _____

Name of Flea Medication: _____ Date given: _____

Current Medication(s) and Daily Dosage(s): _____

Taken for what condition(s): _____

***Note: Oral or Topical Medication administered up to twice a day w/o charge. Administering Injection is \$2.00 each.**

Accommodations

Feline Guests: All accommodations are spacious suites with window views, beds, and a personal litter box. \$16.00 per day. Two adjoining suites may be purchased for \$26.00 per day to increase accommodation space.

Meal Selections

_____ The Menu at the Resort -- quality cat food Please specify portions (i.e. 1/2 cup per meal, etc.): _____

*******OR*******

_____ Your Food brought from home and served by the Resort personnel (at no additional charge). We recommend this in order to keep the diet more stable to what they are use to at home.

****Please only bring as much as you cat might consume during their stay. NO Big Bags of food.****

What brand name of food will you be brining? : _____

Additional special requests or other information you would like us to know: _____

PLEASE RESERVE THE FOLLOWING ADDITIONAL GUEST SERVICE FOR YOUR CAT DURING HIS/HER VISIT WITH US:

The Tuck-In Treat - A soothing bedtime rubdown before lights out. Includes bedtime biscuit - **\$3.00**

How often? Nightly____ Every Other Night____

At the Resort, making our guests comfortable is our top priority. We strongly encourage you to bring your cat's own bed and favorite toys. We also welcome any information that will be important for us to help your cat enjoy his or her stay. Please label all personal Items and do not bring anything that cannot be washed in hot water. We are not responsible for items lost or damaged.