

**SALOON RESERVATION CHECK-IN**  
**MISS KITTY'S HOURS TO THE PUBLIC**  
**Monday – Saturday 7:00 AM to 7:00 PM**  
**Sunday - 11:00 AM to 7:00 PM**

Your cell phone number in case of emergency: \_\_\_\_\_  
Secondary emergency contact name & number: \_\_\_\_\_  
Pet's current veterinarian in case of emergency: \_\_\_\_\_  
Owner's Email address: \_\_\_\_\_  
When was your pet's last meal? \_\_\_\_\_  
When was your pet's last medication? \_\_\_\_\_  
Does your pet have any ongoing health problems? \_\_\_\_\_  
Estimated pick up time for your pet: \_\_\_\_\_

**IF YOU WOULD LIKE YOUR PET TO RECEIVE A BATH OR HAIRCUT PLEASE CIRCLE ONE:**

**BATH      BATH & HAIRCUT      BRUSHOUT      NAILS      NONE**

**WE ASK THAT YOU NOT LEAVE ANY ITEMS OF MONETARY OR SENTIMENTAL VALUE.**

**Please initial below as verification of the following terms:**

- ❖ I verify that my pet is current on his/her Distemper/Parvo, Rabies, and Bordetella immunizations, and his/her records are on file at the veterinarian listed above. I understand I may incur a \$25 fee for Miss Kitty's to take my pet to update vaccinations or for other medical reasons. \_\_\_\_\_
- ❖ I understand that if my pet arrives with fleas, he/she will receive a flea bath and a Capstar(\$10) at my expense in consideration of our other boarding guests. \_\_\_\_\_
- ❖ I do not hold Miss Kitty's financially responsible for any "sports injuries" (ie; sprains, split toenails, torn ligaments, etc.) that may result from rough play during social playtimes. \_\_\_\_\_
- ❖ I understand that if my pet becomes aggressive and does harm another pet, that I am liable for the medical costs incurred by my pet's behavior. \_\_\_\_\_
- ❖ I authorize Miss Kitty's staff to take my pet to the veterinarian in the event they believe my pet needs medical attention and I agree to assume all financial responsibility. \_\_\_\_\_

**OWNER'S**  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Office use only  
Original check in signature: \_\_\_\_\_