



PAWS WRIGHT INN

A POSITIVE EXPERIENCE

Owner's Name:		
Address:		
Phone Numbers - Home:	Work:	Cell:

Emergency Contact Person:		
Emergency Phone numbers - Home:	Work:	Cell:

Name of Pet:
Breed:
Age/Date of birth:
Male Neutered? Yes or No Female Spayed? Yes or No
Declawed?
Colour/Markings:
Tattoo or Microchip:
Veterinarian:
Do you authorize Paws Wright Inn to give your cat bedding, toys and treats?
What type of litter does your cat use? (clumping, non clumping, grain)

Health Problems:
Allergies:
Medication:
What do you feed your cat and how much?
Is there anything else we should know about your cat?

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

_____	_____
Signature	Date