



# The Cat's Cottage Inn

## Reservation Form

*Fill out this form and bring it along on your initial visit. Items marked \* are required.*

\* Clients Name \_\_\_\_\_ \* New Client: Yes \_\_\_ No \_\_\_

\* Address: \_\_\_\_\_

\* City \_\_\_\_\_

\* Zip Code \_\_\_\_\_

\* Phone/Cell Phone where you can be reached \_\_\_\_\_

Your E-mail address: \_\_\_\_\_

\* Veterinarian Clinic \_\_\_\_\_ \* Phone: \_\_\_\_\_

\* Arrival Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Approx. time: \_\_\_\_\_

\* Check Out Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Approx. time: \_\_\_\_\_

\* 1st Cat Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

2nd Cat Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

3rd Cat Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

*For more than 3 cats, prices and room availability upon request.*

\* Is your cat currently on a flea Preventative? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which brand?: Program \_\_\_\_\_ Advantage \_\_\_\_\_ Revolution \_\_\_\_\_

Frontline \_\_\_\_\_ Other \_\_\_\_\_

Other Needs (medications, etc): \_\_\_\_\_

All information on boarding requirements, hours, charges, etc can be seen on the **Boarding Information** page of our website at: [www.catscottageinn.com](http://www.catscottageinn.com)

\* I have read and accept the Boarding Information. Yes \_\_\_\_\_ No \_\_\_\_\_

**The Cat's Cottage Inn • 27197 170th Street • New Richland, MN 56072**

Phone: 507-463-CATS (2287) • FAX: 507-463-3522