

Palm Meow, Inc.
A Tropical Paradise for Cats
P.O. Box 1646
Hallandale Beach, Fl., 33008
www.palm-meow.com

APPLICATION FOR BOARDING SERVICES

Name of Cat(s) Applying for Boarding: _____

Name of Cat Guardian/Owner: _____

Owner's Complete Address: _____

City, State, zip code

Owner's mailing address (If different from above): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email address: _____

How did you hear about Palm Meow, Inc? Please check all that apply:

- Received brochure in the mail
- Web search
- Friend Relative
- Newspaper
- Other - please specify _____

Important Information About the Cat(s) to be boarded at Palm Meow, Inc.

Cat's Name	Breed	Age	Sex	Color	Weight	Spayed/Neutered
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please include with this application a picture of each cat applying for boarding with Palm Meow, Inc. Please write the name of each cat on the back of its picture.

Medical Profile and Medications:

- Is your cat(s) currently on any medication? Yes___ No___
- If yes please specify cat's, name the current medications, dosages and reason for medications: _____

- Has your cat(s) been on any medications within the past six months? Yes___ No___ If yes please specify cat's name, medication and reason for medication: _____

- Please list any current medical conditions your cat(s) has: _____

- Please note any behavioral concerns your cat(s) may exhibit: _____

- Does your cat socialize with other cats? Yes__ No__ Explain _____

- Are your cat's claws in tact? Yes___ No___
- Are vaccinations current? Yes___ No___ Please list all current vaccinations and dates given: _____

Vaccination Requirements: Please note that each cat boarded with Palm Meow, Inc. must be current with all vaccinations within the past 12 months prior to receiving services. At a minimum we require documentation from a Veterinarian that each cat is current with vaccinations for Rabies, Leukemia and FIV.

Please enclose a copy of the current vaccination certificates with your completed copy of this application.

Feeding, Play time, Individual Routines and Other Information:

- What brand of wet cat food does your cat eat?_____
- How often? _____
- What type of dry cat food does your cat eat?_____
- How often?_____
- Does your cat(s) like cat treats? Yes__ No__ Brand?_____
- Does your cat(s) like catnip treats/toys? Yes__ No__
- Does your cat play with other toys? Yes__ No__ Specify types:_____
- _____
- Has your cat(s) been: ____indoor only ____ outdoor only
 ____ both ____ access to screen patio
- Where does you cat normally sleep? ____Cat bed ____on the furniture
 ____ on a carpet ____other (please specify)_____
- Other Comments and Information:(please tell us anything else we should know about your cat(s) to help us provide them with the best care possible): _____
- _____
- _____

I, the undersigned, do hereby state that the above information is true to the best of my knowledge. This application does not constitute an agreement to provide services. Palm Meow, Inc. retains the right to refuse services to any person or cat.

Services will not be provided until a fully executed "Agreement to Board Animal Contract" has been completed and payment received in advance of providing services.

Signature of cat owner/guardian

Print your full name

Date this form completed

TO BE COMPLETED BY PALM MEOW, INC. STAFF ONLY

DATE APPLICATION RECEIVED:

DATE OF FOLLOW-UP CONTACT:

STATUS OF CONTACT: