



KITS & KATS SITTING SERVICE CUSTOMER PROFILE & REGISTRATION FOR KENNELS

OWNER'S INFORMATION				
Owner's Name:			Referred by:	
Address:			City:	
Postal Code:			E-mail:	
Telephone:	(Home):		(Cell):	
Telephone (where you can be reached):			Emergency Contact Person:	
PET'S INFORMATION				
Name:	Age:	M <input type="checkbox"/> F <input type="checkbox"/>	Colour/Breed:	Tattoo/Micro:
Special Needs:	Favourite Food:		Favourite Litter:	Preferred Cage:
Personality	Skittish:	Cuddles:	Belly rubs:	Brushing:
Name:	Age:	M <input type="checkbox"/> F <input type="checkbox"/>	Colour/Breed:	Tattoo/Micro:
Special Needs:	Favourite Food:		Favourite Litter:	Preferred Cage:
Personality	Skittish:	Cuddles:	Belly rubs:	Brushing:
Name:	Age:	M <input type="checkbox"/> F <input type="checkbox"/>	Colour/Breed:	Tattoo/Micro:
Special Needs:	Favourite Food:		Favourite Litter:	Preferred Cage:
Personality	Skittish:	Cuddles:	Belly rubs:	Brushing:
VETERINARIAN				
Name:				
Address:				
Telephone #:				
VACCINATION CONFIRMATION				
<input type="checkbox"/> Copy of certificates and receipts, including expiry information as proof of vaccinations (FVRP)				
<input type="checkbox"/> Please check as confirmation your pet is on a current flea program				
TERMS & CONDITIONS				
1 -	While I am away, I direct Kits & Kats Sitting Service to treat my pet should it be deemed necessary as per the attached Authorization for Medical Care Form.			
2 -	Payment of all fees MUST be made before your pet is released from our care.			
3 -	In the event that your cat(s) remain in our care 15 days or more beyond the scheduled pick up date and unless you or your representative advise us that you intend to pick them up at a newly scheduled date, we reserve the right to release them from our care to a recognized cat shelter.			
Check in date:			Check out date:	

Owner's Signature: _____

Date: _____