

Boarding Admission and Agreements

Owner's Name			
Name of Cat(s) 1)2)	3)	4)	
 All guests will be checked for fleas and ticks All guests must be current on Rabies and FN Some cats show a decrease in appetite in the administer a safe, mild appetite stimulant at If your cat develops a problem or medical coappetite, significant weight loss) we will exame contact with recommendations. Please note: your emergency contact, we are obligated to reasonable care. You will be responsible for 	/RCP vaccines. The first 24 hours of board on charge. The first 24 hours of board on charge. The first 24 hours of board on charge. The first 24 hours of boarding, (in the first of th	ling. If we notice this, we will e. frequent vomiting, loss of ct you or your emergency e are unable to reach you or dextend appropriate and	
Did you bring your own food?	Yes □	No □	
If yes, please specify brand name and directions:			
Is your cat on medication?	Yes □	No □	
If yes, please specify name, instructions and when we should start administering:			
Did you bring other items besides your cat's ca	rrier? Yes 🗆	No □	
If yes, please describe the items:			
Please provide us with your contact information	n while you are away:		
Phone number:	Email:		
Emergency Contact to make decisions if you are unavailable:			
Name:Phone	e or Email:		_
I understand I am responsible for the cost of any treatments authorized by my emergency contact. I have read, understand, and agree to the boarding policies outlined above.			
Owner's Signature:		Date:	