

Boarding

Owner's Name _____ Cat's Name _____
Date in _____ Discharge Date _____ and TIME _____ (charge is PER NIGHT)
I am leaving these items for my cat _____

*We are not responsible for any personal belongings left with your cat

BOARDING REGULATIONS

Check-in and check-out time for boarding M-F is 3 pm and Sat by 11 am. Check-outs after this time will incur an additional night's fee (per cat). Your cat **must** enter and leave the clinic in a carrier for the health and safety of you and your cat as well as other cats and their owners

- **Vaccines must be current!!** If not, they will be given at the owner's expense prior to boarding.
- **Cats must be parasite-free.** Treatment for parasites will be done at owner's expense.
- **AGGRESSIVE CATS:** handling fee of **\$10.00/day** if cat requires special handling.
- **CATS ON MEDS: \$5.00/day** additional fee for medicating your cat, **diabetics \$5.00/day.**
***** IF YOU DID NOT BRING YOUR CAT'S MEDICATION YOU WILL BE CHARGED FOR A PARTIAL PRESCRIPTION FOR US TO GIVE DURING YOUR CAT'S STAY *****
- **SPECIAL FOODS:** If your cat eats canned food or a specialized diet, it will be charged at retail price unless you bring your own.
- **SUREFLAP FEEDER:** We now have an in house SureFlap Feeder available to rent for pets who require special diets (ask for more details). Rental fee is **\$5.00/day.**

Boarding Rates and Options

Rates include your cat's lodging, fresh bedding, twice daily feeding (unless otherwise specified), and with fresh water available at all times. All of our boarding areas include a window with a bird feeder to help keep your cat entertained during their stay! We provide these services for your cat's optimal comfort during their stay with us.

_____	Extra Large Single Cage	\$20.50
_____	Condo	\$23.50
_____	<i>2nd cat in condo</i>	\$10.00
_____	Suite (cage-free room with a window)	\$32.50
_____	<i>Additional cat(s) in suite (max of 3)</i>	\$ 15.50 (each cat)
_____	<i>Web-cam access to check in on your cat during their stay</i>	\$25.00 (per boarding stay)
_____	<i>- Set-up on Multiple Devices</i>	\$15.00 (per device)

**Cats will be separated at owner's expense if acting aggressive towards each other.*

During my cat's boarding stay please perform the following additional services or treatments: _____

*** Additional services and/or treatments are performed at the owner's expense. ***

SIGNATURE _____ DATE _____

By signing above, you agree to the terms of the boarding services offered by PCCC.

***** Photo Release Waiver – Please initial your decision below.**

I grant to Purr-Sonal Care Cat Clinic (PCCC), its representatives and employees the right to take photographs of me and/or my cat, and to copyright, use and publish the same in print and/or electronically. I agree that Purr-sonal Care Cat Clinic may use such photographs of me and/or my cat with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

YES - PCCC may take photos of my cat

NO - PCCC may NOT take photos of my cat

PLEASE READ AND COMPLETE ALL PAGES OF THIS FORM

* PLEASE CONTINUE TO THE BACK TO COMPLETE A MEDICAL WAIVER AND PROVIDE EMERGENCY CONTACT INFORMATION *

******Boarding Medical Waiver**

Date _____

CLIENT NAME: _____ CAT(s) _____

This waiver is to entitle Purr-sonal Care Cat Clinic to medically diagnose and treat any condition deemed *emergency or critical* in the above cat(s) during stated dates they are boarding in our facility.

The tests that could be performed may include, but are not limited to: blood-work, x-rays, urinalysis, ultrasound, fluid-therapy or medications. All treatments are performed in our facility, although some tests require the samples to be sent to a reference laboratory.

YOU ARE RESPONSIBLE FOR THE COST OF ANY DIAGNOSTICS AND/OR TREATMENTS PROVIDED TO YOUR CAT DURING THEIR STAY!!!! (This is in addition to your boarding charges.)

Please choose one:

_____ **YES** – I authorize Dr. Julie Kramer, her staff and Purr-sonal Care Cat Clinic to perform any diagnostic and treatment protocols deemed necessary for my cat during this boarding period.

My approximate budget for these treatments is _____. **If no budget limit is not specified your cat will be treated as per the recommended diagnostic and treatment protocols of Dr. Julie Kramer. You will be responsible for all charges incurred.**

(Every effort will be made to keep the diagnostics/treatments within your stated budget. If we feel the situation will exceed this given budget, you will be contacted before further testing/treatments will begin.)

_____ **NO** – I do **NOT** authorize Dr. Julie Kramer nor any representatives of Purr-sonal Care Cat Clinic to perform any diagnostic or treatment protocols deemed necessary for my cat during this boarding period.

MY ALERNTATIVE PLAN FOR CRITIAL/EMERGENCY SITUATION IS (PLEASE CHOOSE ONE)

- Transfer of my pet to my regular veterinarian. *If you choose this option, you are responsible for transportation arrangements/costs. Arrangements must be set up ahead of time.*
Transportation of my cat will be provided by (include name and phone number): _____
- Transfer of my pet to an emergency veterinary clinic. *If you choose this option, you are responsible for transportation arrangements/costs. Arrangements must be set up ahead of time.*
Transportation of my cat will be provided by (include name and phone number): _____
- No treatment is authorized. By choosing this option you are acknowledging that your cat may not survive and are releasing Dr. Julie Kramer, Purr-sonal Care Cat Clinic and employees from any and all liability.

IF YOUR CAT IS TRANSFERRED TO ANOTHER VETERINARY CLINIC, YOU ARE STILL RESPONSIBLE FOR ANY CHARGES INCURRED AT THIS FACILITY.

SIGNED: _____ DATE: _____

PRINT NAME: _____

**NOTE: If you are not the owner of the said above cat(s), by signing above you agree you are the authorized representative for the owner and have permission to make the decision regarding medical treatment for the above said cat(s).

Emergency Contact Phone Number: _____ **Contact's Name:** _____

Check-In Sheet

Your name: _____ Cat's name: _____

Date: _____

To ensure we treat your kitty with consistency in regard to your current home schedule, please complete the following:

If your kitty isn't on medications, please list how and when you feed at home.

Medication	When do you give it?	How do you give? (Canned food, pill pocket)	Have you given it today?	Other notes:

Food - what food(s)?	How much?	When do you feed?	Other notes: