



# RETURNING CAT BOARDING REGISTRATION

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_ ANTICIPATED PICK UP TIME \_\_\_\_\_  
 Owner's name \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_

## Pet Information

(This section must be completely filled out)

Cat's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____  Does your cat have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____	Cat's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____  Does your cat have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____	Cat's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____  Does your cat have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____
For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. <b>CVH Staff Verification (Staff Initial)</b> RV ___ FVRCP ___ Fecal (negative) ___	For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. <b>CVH Staff Verification (Staff Initial)</b> RV ___ FVRCP ___ Fecal (negative) ___	For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. <b>CVH Staff Verification (Staff Initial)</b> RV ___ FVRCP ___ Fecal (negative) ___

**Additional Services:**

- TLC Boarding Package (\$5.00 per day extra), Email Address: \_\_\_\_\_
- Dr. Appointment (please be specific) \_\_\_\_\_

**ALL CHECK-INS pay for a full night of boarding. CHECK-OUTS after 11am will be charged for a half day of boarding.** Drop offs or pick ups outside the regular hours may be arranged in advance for an additional \$20. If no arrangements are made for a late pickup, the Manager has the right to close the facility and the owner will be charged for an additional nights boarding at our standard rate. Owner understands and agrees to the charges for boarding at CVH. **(Owner Initial)** \_\_\_\_\_.

**Medical Illness Policy**

(If you have multiple Cats boarding with us, this medical illness policy covers all of the Cats.)

If your pet(s) becomes ill or is injured we will call the emergency numbers regarding your pet(s) symptoms, treatment options and an estimate of additional costs. However, if the owner or their authorized agent cannot be reached, please indicate your wishes below.

Please perform whatever services the doctor deems necessary for the best care of my pet(s). If the cost is going to exceed \$ \_\_\_\_\_ authorization by the owner or authorized agent must be given.

By signing and dating the following you are acknowledging and agreeing to all of the terms on Page #3 of the original boarding registration form you previously filled out during your pet(s) initial boarding visit.

DATE: \_\_\_\_\_ SIGNATURE (Owner/Agent): \_\_\_\_\_

Checked in by (CVH initials) \_\_\_\_\_