

BOARDING AGREEMENT

BOARDING PERIOD

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TO

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Date Time Date Time

CLIENT INFORMATION (HUMAN)

Name: _____ Phone(H) _____ Cell _____
 E-mail _____ Driver's License# _____ SSN _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ Phone(Work) _____

I authorize my Alternate Contact to act in my stead (Please initial all that apply):

_____ This person may make all decisions regarding the well-being of my cat(s) _____ This person may settle my account.
 and I accept full financial responsibility resulting from said decisions. _____ This person may pick up my cat(s).

Alternate Contact: _____ Phone _____ Alt Phone(s) _____
 Address _____ Relationship _____

CAT INFORMATION (For more cats, please fill out the reverse side)

Name: _____ Age _____ Sex _____ Breed _____ Color _____
 Diet: _____ Rx & instructions : _____
 Belongings : _____

Accommodation. Please check one:

Suite (Max 5 cats per suite) Condo - Extra units _____ (ie. 2 units for 1 cat, 5 units for 3 cats)
 Condo (porthole open to housemates) Condo (porthole slightly ajar to housemates) Condo (all portholes closed)

Medical History (Proof of current rabies vaccination & Feline Leukemia/FIV test is required). Please check one:

This cat is a current patient here and you have the paperwork.
 Current rabies vaccination & Feline Leukemia/FIV test paperwork is attached.
 Please contact my vet/shelter for the paperwork: Vet/Shelter _____ Phone: _____
 Paperwork unavailable or test and/or rabies vaccination not current. Please administer the required vaccination and/or test.

Additional services requested:

Microchip \$36.95 Annual Exam \$44 Nail Trim \$8 Bath \$22-30 Dr Pussums Catnip toy \$2-4.25
 Other _____

AGREEMENT

In the interest of all cats staying at this facility, I understand and agree that my cat(s) will be tested for Feline Leukemia/FIV and given a rabies vaccination with an exam at my expense unless proof is provided that both are current. I understand and agree that my cat(s) will each receive 1 flea treatment upon check in at my expense.

Reasonable precaution will be used to prevent injury, escape, death of this/these cat(s). The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand and agree that while the hospital and staff will try to contact me or my Alternate Contact first where possible and appropriate, any problems that develop with my cat(s) while boarding here will be treated as deemed best by the hospital and staff and I assume full responsibility for the treatment expense involved.

All charges shall be paid upon release of my cat(s) from the facility. Returned check fees, legal fees, collection fees, a monthly late fee of \$10 and a monthly interest of 5% of overdue balance will be assessed wherever appropriate. If the cat(s) is not called for within 7 days after the time specified for pickup and if the hospital is not notified in writing to an alternate date within the 7 day period, the cat(s) will be considered abandoned and its fate will be at the discretion of the Scratching Post Cat Hospital. I understand that this does not relieve me from paying all costs of your services, boarding and fees resulting from the abandonment of my cat(s).

After carefully reading the above, I pledge that all of the above is true and I have signed in agreement.

Signature _____
(Owner or Responsible Party listed above)

Date _____

Witness _____
(Hospital staff)

Date _____