

Cat Care of Fayette
Hospital • Grooming • Boarding
Catering to Felines & Furry Exotics

Exotics Boarding Admission

Owner's Name: _____ Pet's Name: _____

Boarding Dates: Drop Off: DAY: _____ DATE: _____

Pick Up: DAY: _____ DATE: _____

Do we have an accurate DNR Form on file for your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

If your pet's vaccine history is not verifiably current, your pet will receive all mandatory vaccines if species relevant.

Boarding Accommodations:

- Ferre** *Single Room or Own Cage*
Additional family members in same unit: (additional cost)
Must be current on Rabies and Distemper Vaccines:
Vaccine History: Current Update Today
Owner is to provide food and treats and any special bedding
Cat Care of Fayette will provide Fresh Water, Litter Changes 2 times daily, TLC

- Guinea Pig/Rabbit:** *Single Room or Own Cage*
Additional family members in same unit: (additional cost)
Owner is to provide food and treats and any special bedding
Cat Care of Fayette will provide Fresh Water, Litter Changes 2 times daily, TLC

- Rodents:** *Must Have Own Cage*
Additional family members in same unit: (additional cost)
Owner is to provide food and treats
Cat Care of Fayette will provide Fresh Water, Clean Cage Daily, TLC

- Avian:** *Must Have Own Cage*
Additional family members in same unit: (additional cost)
Owner is to provide food and treats
Cat Care of Fayette will provide Fresh Water, Clean Cage Daily, TLC

Personal Items:

- Food: Type: _____
- Treats: Type: _____
- Toys: Please List: _____
- Blanket/Bed: Please Describe: _____
- Other: Please specify: _____

Special Instructions: _____

Owner Release: I understand that Cat Care of Fayette cannot guarantee the health of my pet. I will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as weight loss, diarrhea, and respiratory infections. I understand **ALL** pets (species relevant) admitted to the clinic must be protected against Distemper and RABIES and must be free of all external parasites. I understand that in the event of my pet's illness, Cat Care of Fayette will immediately attempt to contact me to discuss the problem and treatment options. If I cannot be immediately reached, Cat Care of Fayette is authorized to initiate appropriate treatment until I can be reached.

If any problem is observed or develops:

- Please treat my pet as required.
- Perform only supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and have given my consent. I accept all responsibility for my pet's health.

Should an **EMERGENCY** arise, I authorize Cat Care of Fayette to sedate my pet and perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I understand that any problem will be treated as noted above and I assume full responsibility for the treatment expense incurred.

OWNER/AGENT INITIALS: _____

I will call if my "pick-up date" changes so that Cat Care of Fayette can plan accordingly. If I neglect to pick up my pet within 5 days of the scheduled discharge date, and do not notify the clinic, Cat Care of Fayette may assume my pet is abandoned and is authorized to make arrangements for my pet as deemed necessary.

Name & Phone Number of persons to be reached in the case of an Emergency:

Name: _____ Phone #: _____ Relation: _____
Name: _____ Phone #: _____ Relation: _____
Name: _____ Phone #: _____ Relation: _____

Owner/Agent signature: _____ **Date:** _____