



## Exotics Boarding Admission

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Boarding Dates: Drop Off: \_\_\_\_\_ Pick Up: \_\_\_\_\_

**Do we have permission to use photos of your pet on our Facebook, Instagram or website?**  
 Yes     No

### Boarding Accommodations:

- Ferret:** \$23.00/night - Vaccine History:  Current     Update Today  
~Must be current on Rabies and Distemper Vaccines
- Guinea Pig/Rabbit:** \$23.00/night
- Rodents:** \$10.00/night    \*Must Have Own Cage  
\*Owner is to provide food, vegetables and treats. If vegetables are not supplied you will be charged for them at pick-up.

### Personal Items:

- Food: Type: \_\_\_\_\_ Feeding Schedule: \_\_\_\_\_
- Treats: Type: \_\_\_\_\_
- Toys: Please List: \_\_\_\_\_
- Blanket/Bed: Please Describe: \_\_\_\_\_

### Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

**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.

**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.

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 10 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.

Any items that are brought with the pet could be lost or damaged during the pet’s stay. Cat Care Of Fayette is not responsible for any items that are brought into the clinic with the pet.

**Owner/Agent signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**I would like this form kept on file for 6 months**