 Registration Form: Cat Boarding

***Tell us about yourself***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(by supplying this, you agree to receive periodic emails from CPC) Emergency Contact(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who else is authorized to pick up your cat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Tell us about your Cat***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female Weight:\_\_\_\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed/Neutered: ⃝Yes / ⃝No If not, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has your cat been in your family?\_\_\_\_\_\_\_\_\_\_\_\_ Where did you get your cat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your cat get along with other cats? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your cat ever bitten another cat or person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any behavioral problems you might know of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is there anything else we should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Tell us about your cat’s health***

Animal Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veterinarian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_

List any allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any medical conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Flea Treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vaccinations**: Please attach a copy of your cat’s current vaccinations or fax it to (573)256-7388 or email at creeksidepetcenter@hotmail.com.

**Required vaccinations: Rabies, Distemper (FVRCP), Feline Leukemia for cats who go outside, and Negative FeLV/FIV (Feline Leukemia/AIDS) Combo Test**

**Rules, Regulations & Waiver**

**INJURIES & ILLNESS:** At Creekside Pet Center, LLC, we strive to provide your cat with excellent care and a fun experience during their stay. Although animals are supervised at all times, injuries can still occur. Such injuries are rare, but they happen at all Pet Boarding facilities. In addition to injuries, it is possible for cats to transfer illness such as upper respiratory infections even with the required vaccinations and boosters. This is just like at a daycare for children where illness such as pink eye and the flu can be transferred from one child to another. Such illnesses do not occur often and all cats must have the necessary vaccinations to check-in.

**AGE & GENDER:** Cats of all ages are allowed at Creekside Pet Center as long as they meet the facility’s criteria of vaccinations.

**ABANDONMENT OF ANIMALS**: I understand if I do not pick up my cat by 5 days after the agreed upon pick up date, a certified letter will be sent regarding the animals abandonment. Should the animal not be removed within the specified time I, the client, hereby relinquish all claims to my animal, but shall not relieve me of my contractual liability of any treatment, boarding or care furnished.

**PHOTOGRAPHS**: I understand that photographs, video or digital recordings are taken of the facility, pets, customers and staff on a regular basis for, among other things, use in advertising by Creekside Pet Center, LLC. I acknowledge that all such images, together with prints and copyrights, therein are the property of Creekside Pet Center, LLC. I give Creekside Pet Center, LLC my consent, permission, and authorization, without compensation to me, to use, reproduce, and alter the images, in print and electronic format (including the internet), either alone or in combination with other texts and graphics. I waive my right to approve the finished photograph, advertising copy, print material or electronic files that may be used in conjunction with the images.

1. I agree that Creekside Pet Center, LLC will not be liable for any claims of injury, illness, damage or death to my cat during its stay and that under no circumstances will Creekside Pet Center, LLC be liable for consequential damages.
2. I certify that I have informed Creekside Pet Center, LLC of all cat and human aggression. I agree that I am responsible for any harm caused by my cat while in the care of Creekside Pet Center, LLC. I shall indemnify Creekside Pet Center, LLC against any claims made against it or for losses or damages suffered by Creekside Pet Center, LLC as a result of my cat.
3. I understand that, in the event my cat appears to be ill or at significant risk of experiencing a medical problem, Creekside Pet Center, LLC will attempt to contact me for instructions prior to seeking veterinary care. If I cannot be reached, I agree that Creekside Pet Center, LLC may use its reasonable discretion in seeking veterinary care on my behalf and I will be responsible for all related expenses. I understand that Creekside Pet Center, LLC will attempt to use my preferred veterinarian, but if my preferred veterinarian is unavailable or other circumstances mandate, I authorize Creekside Pet Center, LLC to use the veterinarians of its choice. I agree that Creekside Pet Center, LLC will not be liable for the actions and decisions of the veterinarian. I also agree to be responsible for any reasonable fees assessed by Creekside Pet Center, LLC for emergency care and transportation.
4. I authorize my veterinarian to share the medical records of my cat with Creekside Pet Center, LLC and other veterinarians. I assume full responsibility for payment of all veterinary services rendered, including, but not limited to, diagnosis, treatment, necessary grooming, medical supplies, transportation and boarding. I agree to make such payments directly to the attending veterinarian or reimburse Creekside Pet Center, LLC if direct payment cannot be made. This agreement and waiver is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Creekside Pet Center, LLC cares for one or more of my cats.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_