



4 PAWS Community Center

Cat Boarding Application

- New Cat Interview
- Additional Family Member
- Update Existing Information

OWNER INFORMATION:

Guardian's/Owner's Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone # (____) _____ Employer: _____ Work# (____) _____
 Cell # (____) _____ E-Mail Address _____
 May we add you to our e-mail list for reminders, specials, newsletters, etc.? (We will not give your address to anyone) Yes No

PET INFORMATION:

Pet's Name _____ **Birth Date** ____/____/____ **Weight** _____ lbs.
Breed _____ **Sex:** Male Female **Color** _____
MI License Number _____ **Microchip Number** _____
 Yes, my Cat is: Spayed Neutered **When was Surgery performed?** _____
 No, my Cat is not spayed/neutered
Veterinarian Clinic _____ **Doctor's Name** _____ **Phone #** (____) _____
Address _____ **City** _____ **State** _____ **Zip** _____

VACCINATIONS: Written Documentation from Veterinary is required.

Has your cat had any contagious diseases in the past 30 days? Yes No Explain: _____

Requirements for Cats:

Rabies Vaccination Date ____/____/____ **Expiration Date** ____/____/____ **Comments** _____
FVRCP Vaccination Date ____/____/____ **Expiration Date** ____/____/____ **Comments** _____
Feline Leukemia Vaccination Date ____/____/____ **Exp. Date** ____/____/____ **Comments** _____
Other Vaccination Date ____/____/____ **Expiration Date** ____/____/____ **Comments** _____

Flea Preventative? _____
Allergies _____ **Special Needs** _____

HOW DID YOU HEAR ABOUT 4 PAWS COMMUNITY CENTER?

Referral Drive-By Website Internet Search Yellow Pages Newspaper Flyer E-Mail Special Event
 Referral: Name _____ Other _____

Have you ever used Overnight Boarding services? Yes No Please list _____

What are your primary reasons for bringing your Cat to 4 PAWS Community Center?

Business Travel Vacation Cat needs a vacation Don't Like to Leave Cat Alone

MEDICATIONS: Yes No (Please list all medications/illnesses (heart, seizures, diabetes, hip problems, etc.)

Medication _____ Morning Afternoon Evening **Quantity** _____

Illness / Reason _____

Medication _____ Morning Afternoon Evening **Quantity** _____

Illness / Reason _____

FEEDINGS: Client Provided – Brand Name _____ Community Center Food

Morning **Quantity** _____ **Special Instructions** _____

Afternoon **Quantity** _____ **Special Instructions** _____

Evening **Quantity** _____ **Special Instructions** _____

Treats? Indicate amount and when to give: _____

BEHAVIORAL INTERVIEW: (Please answer following questions as accurately as possible.)

General Information:

- How long have you had your cat? _____
- Has your cat ever stayed in a boarding facility before? Yes No Where/When? _____
 What did you like/dislike about the experience/facility? _____

Health and Grooming:

- Does your cat have a problem with fleas? Yes No
- Does your cat have any past injuries or current conditions? Yes No If Yes, Explain: _____
- Does your cat have any sensitive areas on his/her body? Yes No If Yes, Explain: _____

- Where are your cat's favorite petting spots? _____
- What brand of food does your cat eat? _____
- What kinds of treats does your cat enjoy? _____
- Does your cat like to be brushed? Yes No Bathed? Yes No
- How does your cat react to having his/her nails clipped? _____
- Do you use a professional groomer for your cat? Yes No Who? _____

Behavior:

- Describe your Cat: Shy Mellow Aggressive Excitable Active Inactive Content with others
Comments: _____
- Is your cat afraid of any specific items or noises? Yes No If Yes, Explain: _____
- Are there any areas on your cat's body where they DO NOT like to be touched by humans? Yes No
If yes, which areas? _____
- What is your cat's favorite activity? _____
- Does your cat play with any toys? Yes No Favorite toys or games? _____
- What else should we know about your Cat? _____

DAILY EMERGENCY CONTACT NAME (someone you trust to make decisions about your pet)

Name _____ Relationship _____
Home Phone # (_____) _____ Work # (_____) _____ Cell # (_____) _____

OUT-OF-TOWN EMERGENCY CONTACT NAME (someone not traveling with you and someone you trust to make decisions about your pet)

Name _____ Relationship _____
Home Phone # (_____) _____ Work # (_____) _____ Cell # (_____) _____
Where will you be? _____
How can we reach you? _____

PAYMENT METHOD for Day and Overnight Fees: (Two Credit Cards Required)

Credit Card 1 Type _____ Number _____ Expiration Date _____ CW2 # _____
Credit Card 2 Type _____ Number _____ Expiration Date _____ CW2 # _____

Persons Authorized to Drop Off and/or Pick-Up My Cat(s) (Must be at least 16 years old) – please include names and phone numbers) _____

As the guardian/owner, I agree to conform to and be bound by the 4 PAWS Community Center policies and procedures as they may be amended. In the event of failure by me or my pet to conform with such rules, I understand that my pet may be denied access to 4 PAWS Community Center. I have reviewed and understand the current policies and procedures attached to this application.

Guardian's/Owner's Name (Print) Guardian's/Owner's Signature Date

☺ **Thank you for filling out this lengthy form. This information will help the staff at 4 Paws Community Center to make sure your cat feels at home when they are in our care.**

4 PAWS Community Center: Accepted this application ____ of _____ 20____
Day Month Year 4 PAWS Representative

For Office Use Only:

- | | | |
|---|---|---|
| <input type="checkbox"/> Application Received | <input type="checkbox"/> Computer Entry | <input type="checkbox"/> Interview Date: _____ |
| <input type="checkbox"/> Photo Taken | <input type="checkbox"/> Folder | <input type="checkbox"/> First Day Scheduled: _____ |
| <input type="checkbox"/> Bin Card | | |

POLICIES & PROCEDURES:

As the guardian/owner of the pet, I understand that 4 PAWS Community Center, its owners, employees, officers, directors and agents (collectively referred to as "4 PAWS") will exercise due care to protect the health and safety of my pet while in their care, and in the event my pet becomes ill or sustains injury, I have given permission for those in charge to take whatever steps are necessary to obtain medical treatment for my pet, and I agree to pay all charges incurred. I consent to any veterinarian being retained to render care for my pet.

I assume all risk of injury to my pet while at 4 PAWS Community Center or in transportation to any veterinarian clinic, so long as reasonable care is taken to prevent any unnecessary injury, death, or loss. Also, if I ask for more than one pet to be placed in the same condo for boarding, I assume liability for any injuries they cause to each other.

By entering my pet in 4 PAWS Community Center facility, I agree not to file any legal charges, demands, or claims against 4 PAWS Community Center and/or its owners, employees, officers, directors and agents for any injury, death or loss of my pet. I hereby waive and release 4 PAWS Community Center and/or 4 PAWS from any and all liability of any nature for any injury, death or loss of my pet resulting from their actions or from the action of my pet or any other pet while in the custody of, or on the grounds or surrounding area of 4 PAWS Community Center. If a life threatening injury or death occurs, 4 PAWS will notify me immediately to receive specific instructions on how to proceed or to advise me that my pet is being taken to its veterinarian on file.

In the event my pet causes injury to another pet or to a person while at 4 PAWS Community Center, I agree to indemnify and subrogate 4 PAWS Community Center and 4 PAWS from any action which may be brought against them, and for any defense, settlement, or judgment against them. I will assume all liability for the actions of my pet and agree to maintain personal liability insurance to cover me in the event of such an incident.

ENTRANCE REQUIRMENTS FOR CATS

- Must be 4 months of age or older.
- Must be spayed or neutered if over 6 months of age.
- Must be current on Rabies, FVRCP and Feline Leukemia vaccinations. Owner/Guardian must submit written proof of all vaccinations.
- Owner/Guardian must have owned the pet(s) a minimum of 30 days.
- Must be in good health and flea/tick free. Owners must certify that their pet(s) has not been ill with a communicable condition in the past 30 days.
- Must have completed the application form, provided credit card number(s) on file, and provided copies of your vaccination records to 4 Paws Community Center. We must have all of this information prior to your stay.
- Any other requirements to meet local or state entrance requirements.

DAYS AND HOURS – Our lobby will be opened from 6:30 AM to 9:30 AM and from 4:00 PM to 7:00 PM Monday through Friday for Pick-up and Drop-off of your pet. Other arrangements can be made by appointment. Holiday and Weekend hours are limited to Pick-up and Drop-off only. Please call for an appointment.

PAYMENT – Owner agrees to pay the rate for pet care services in effect on the date that the pet is checked into 4 Paws Community Center. We accept cash, checks, VISA, and MasterCard. A fee of \$25 will be applied to returned checks

LATE FEES - For overnight boarding late pick-up, if you do not call 24 hours ahead to alert us that you will not be picking up your pet on the scheduled day, you will be charged double the boarding fee for each night after your scheduled date of departure.

RESERVATIONS – Space is limited, so please make your reservations at least 48 hours in advance. We honor reservations on a first-come-first-serve basis. We will try our best to accommodate, but please make your reservations early, especially during peak holiday seasons.

CANCELLATION POLICY - We ask for you to cancel 48 hours in advance of your overnight reservation. Overnight guests are charged a minimum of a two-night cancellation fee. 72 hours notice is required to cancel a holiday boarding reservation without a financial penalty.

FOOD & TREATS - We recommend that the owners provide food for pets staying overnight, as this is easier on the pet's system to have the food products that they are accustomed to. If owners do not provide their own food, 4 PAWS will provide them with the brand that they use.

VALUABLE AND PERSONAL PROPERTY – 4 PAWS Community Center and 4 PAWS are not liable to you for your personal property if damaged, lost, or stolen while on or around 4 PAWS Community Center's premises. If your pet causes any damage to 4 PAWS Community Center facilities or equipment, you as the owner are liable to 4 PAWS for the full cost of repair or replacement.

FINANCIAL POLICIES - Fees for Services & Products: The pet's owner agrees to pay for boarding fees, services or products with the credit cards listed on the front of this application or by cash or check. By listing your credit cards on the front of this application you are allowing 4 PAWS Community Center to debit your credit card account for services, fees or products. You agree to pay an administrative fee for any returned check, or debit problems, such as non-sufficient funds, closed account, frozen or declined credit or similar circumstances.

REFUNDS: Please review the 4 PAWS community center's refund policy available at the front desk.

WEB CAMS, PHOTOS & VIDEO RELEASE – I agree to release any and all of my pet's image(s) in video or photo to the 4 PAWS Community Center for local, national and/or the World Wide Web (internet) marketing. For use, reuse, and/or publishing and republishing of in any media and for any uses, including, but not by way of limitation, illustration, promoting, advertising and trade, and to use my pet's name in connection therewith. This is binding upon me and my heirs, legal representatives and assigns.