

Cat's Name: _____ **Owner's Name(s):** _____

Emergency Contact: 1) Name _____ Phone _____

2) Name _____ Phone _____

Time zone you are traveling to: _____ Email: _____

Arrival Date: _____ Pickup Date: _____ Reservation: Atrium _____ Condo _____ Kitty Camp _____

Additional Requested Services: (Please initial any desired additional service below)

_____ **Grooming:** brush out or nail trim.

Diet: Type: Brand/Formula _____ How much does your kitty eat? _____ How often? _____
Dry: _____
Canned: _____

Did you bring food? Yes No

Medications:	Dosage/Amount	Dosing frequency	AM/PM	Due Next	Route

What toys/personal effects are you leaving with us?

DO WE HAVE YOUR PERMISSION TO GIVE YOUR CAT AN APPETITE STIMULANT OR AN ANTI-NAUSEA IF NEEDED? (Some kitties will not eat well or can vomit when stressed)

YES

CALL FIRST _____

Owner/ Agent Signature _____ **Date** _____



CASTLE ROCK CAT HOSPITAL

Bed & Breakfast Registration

If this is your cat's first visit as our Bed & Breakfast guest, we would appreciate your reading our POLICIES, our AMENITIES, and our RELEASE. Let us know if you have any questions. Thank you for trusting us to care for your cat! Rest assured that your cat will be with people who have and love their own cats, and know how special your cat is to you. We will see that your cat has a wonderful vacation at Castle Rock Cat Hospital.

Our Policies:

1. **Vaccinations:** Castle Rock Cat Hospital requires that all cats be currently vaccinated for **Rabies** and **FVRCP** a minimum of 10 days prior to their stay. Non-medical clients will need to attach proof of current vaccinations. In the event you cannot provide proof of vaccination before or at time of check-in, your cat(s) will not be able to board at our facility.
2. **Physical Examination:** All cats will be briefly examined by a nurse on presentation for boarding. This is necessary to prevent the spread of infectious diseases within our practice. If your cat is found to be ill, we reserve the right to isolate your cat and/or treat your cat, at your expense. There is no charge for our brief examination.
3. **External Parasites (Fleas & Ticks):** Castle Rock Cat Hospital is a flea and tick-free boarding facility. All cats will be examined for external parasites at the time of admittance. If fleas or ticks are found, your cat will be treated at your expense.
4. **Intestinal Parasites:** All cats with abnormal stool will be checked for internal parasites while they are boarding. The fecal examination is **not** free of charge. If intestinal parasites are found, your cat will be treated at your expense.

Our Amenities:

1. **Meals:** We stock a wide variety of feline prescription diets, and we offer an extremely wide selection of non-prescription diets, treats and snacks. You are always welcome to bring your own food. **Purrsonal Effects:** Your kitty will be provided with an ample supply of our famous "cat tested, cat approved" toys. We can't be responsible for toys you leave with your cat. Please remove your cat's collar and keep it safely at home.
2. **Housekeeping:** Your cat's quarters will be inspected two times daily, and cleaned at these times.
3. **Playtime:** Two play sessions of at least 10 minutes, is included at no charge for each cat, each day, cat's disposition permitting, unless you instruct us otherwise.
4. **Kitty Health Club:** Kitties who are on routine medication are medicated by our trained personnel at a nominal extra charge, medications not included.

Release Form:

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above named cat, and does hereby authorize Castle Rock Cat Hospital, its veterinarians and staff, to board and care for this cat. The undersigned acknowledges that other cats will be located on the premises, and hereby authorizes the necessary care and treatment for any condition that may endanger said other cats, and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites and infectious viruses. Any cat which does not eat for 48 hours will receive therapeutic support, including administration of fluids, appetite stimulant, and syringe feeding at the owner/agent's expense. The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape or illness, with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Castle Rock Cat Hospital. The undersigned authorizes Castle Rock Cat Hospital to do whatever is necessary in the cat's best interest, should an emergency situation arise. The undersigned acknowledges that payment is required when this cat is released, and if this cat is not picked up or his or her pick up date is not modified verbally within 7 days of the scheduled pick-up date, the cat will be deemed abandoned and becomes the property of Castle Rock Cat Hospital.

Owner/Agent signature: _____

Date: _____