

22833 Bothell-Everett Highway #159
 Bothell, WA 98021
 Phone: 425-489-1484
 Fax: 425-483-3009
 Email: Catclinnccanyonpark@gmail.com



BOARDING AGREEMENT (NON-MEDICATED)

Owner Name:	
Cat Name:	

Please initial these sections below to indicate your acceptance of the following terms and conditions.

X _____	<p style="text-align: center;"><i>Your cat must be current on the Upper Respiratory (FVRCP) and Rabies vaccines to board within this facility.</i></p> <p>Our doctor(s) may determine that your cat needs treatment (exam, vaccinations, medication, blood work, etc.) while you are away. If so, we will try to contact you. Your initials here indicate your permission to treat your cat in the manner we feel is most appropriate. You will be responsible for the costs of treatment.</p>
X _____	<p>If any fleas are found on your cat, Bravecto will be applied at your expense.</p>
X _____	<p>We try to keep all personal belongings (towels, beds, toys, etc.) with your cat but the items occasionally become misplaced. We cannot guarantee they will return.</p>
X _____	<p>Although we try our very best to prevent the spread of disease, some cats will occasionally develop an upper respiratory illness because they are being boarded in a hospital environment. Carrier cats can shed the virus without showing symptoms, so it is hard to anticipate the pattern of spread.</p>
X _____	<p>We will sometimes notice subtle changes in cats such as weight loss, increased water consumption, decreased appetite, or changes in attitude that may not be as noticeable to an owner who sees the cat every day. Since boarding is a stressful time for cats, if we feel it is prudent, we may submit a blood test to the lab. The cost will vary depending on the test(s) deemed appropriate.</p>
X _____	<p>“Routine” Boarding rate per night: \$30.00 <i>**If your cat is currently on medications, there is a different lodging/pricing agreement.**</i></p>
X _____	<p>If the doctor determines that for safety or anxiety-related reasons, your cat needs to be medicated, we will administer the medication and you will be charged accordingly.</p>

(Please see reverse side for care instructions and contact information)

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Boarding Period From: _____ To _____

I would like the following procedures done while I am gone (Nail Trim, Sanitary Clip, Flea Medication): _____

DIET

Wet Food Brand: _____ **Dry Food Brand:** _____

Wet Food	How Much	How Often	Dry Food	How Much	How Often
<input type="radio"/>			<input type="radio"/>		

Special food instructions:

CONTACT INFORMATION

I will be able to be reached at the following phone numbers:

Phone Number #1:

Phone Number #2:

Signature: