

CLIENT INFORMATION

DATE: _____

FULL NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PHONE (OTHER): _____

EMAIL: _____ DECLINE EMAIL

WOULD YOU LIKE TO CONTINUE TO RECEIVE EMAILED INFORMATION AND APPOINTMENT REMINDERS?

Y N

PLEASE CHECK THE FOLLOWING (if applicable): Active Military Retired Military/Veteran Senior Citizen (65+)

ADDITIONAL CONTACT: _____ PHONE: _____

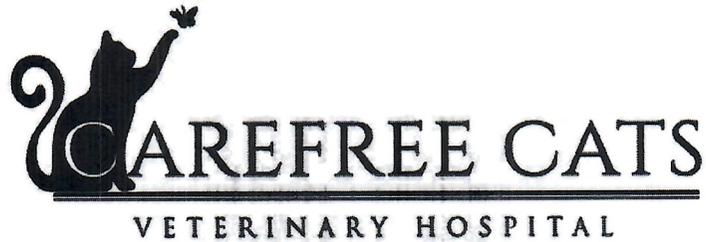
PET INFORMATION

1. NAME: _____	SEX: _____	
BREED: _____	COLOR: _____	DOB/AGE: _____ / _____
DOES YOUR CAT BITE? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> UNSURE		

Authorization To Provide Care:

I am the owner or authorized agent of the owner of the Pet listed above, hereby authorize and direct the veterinarians of Carefree Cats Veterinary Hospital or their assistants to perform the services described above and all other procedures, diagnostics, treatments, and/or administration of extra label medications within accepted veterinary guidelines as deemed advisable and/or necessary for my Pet. Although Carefree Cats Veterinary Hospital will take every reasonable action to ensure the success of my Pet's procedure(s), I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. The nature and risks of any procedure(s), including surgery and anesthesia if applicable, have been or will be explained to me or I will see that they are explained to me, and any questions I may have are answered, before I will leave my Pet or allow treatment. I understand that there is no guarantee nor can one be made as to the results or cure of any therapy. I understand that I have the choice to obtain additional information regarding those opinions from Carefree Cats Veterinary Hospital upon my request or I may research the different opinions about my Pet's procedure(s) and or treatment(s) myself and discuss my questions with my Carefree Cats Veterinary Hospital veterinarian. If I neglect to pick up my Pet within 7 days of the proposed discharge date, Carefree Cats Veterinary Hospital is to assume that the Pet has been abandoned and Carefree Cats Veterinary Hospital is hereby authorized to make other arrangements for the Pet as Carefree Cats Veterinary Hospital may deem best. I agree to pay, in full, for services rendered. I understand that payment is due at the time services are rendered. If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that I will also be responsible for all collection costs, attorney's fees and interest in the amount of 1.5% per month (18% per annum) on the unpaid balance. In the event of an emergency, or as determined by the veterinarian, it may become necessary to take my Pet outside the hospital. I authorize Carefree Cats Veterinary Hospital to transport my Pet outside of the hospital. I understand that Carefree Cats Veterinary Hospital staff will take reasonable precautions to ensure the safety of my Pet while in their care.

Owner Signature: _____ Date: _____



Client:
Date:
Phone:

Patient:
Client ID:
Color:

Boarding Agreement/Requirements

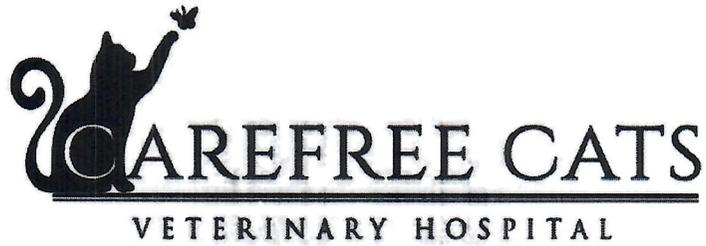
1. Health & Safety

- All cats must be current on FVRCP (Distemper/Upper Respiratory) and Rabies vaccinations.
- The FVRCP (Distemper/Upper Respiratory) vaccine must be given at least 10 days prior to boarding if the vaccine overdue or if it is the first known vaccine given. If it has not been given within the last six months, we will administer a FVRC (intranasal) vaccine. Current charges will apply.
- If your cat is past due for any of these vaccinations, your cat will be examined and given the necessary vaccination(s) upon admission at the current rate. If they are showing any signs of an upper respiratory infection, they must be examined and may have to be boarded in isolation or denied boarding entirely.
- Guests must be deemed healthy for boarding by our medical staff. Guests with pre-existing conditions or requiring chronic medications may be required to book a mini pre-boarding exam at least 3 days prior to check-in. Cats showing evidence of potentially contagious conditions or considered not well enough for boarding will not be admitted to the hotel.
- Medical records must be provided if not a current patient with us.
- Male cats must be neutered at least 1 month prior.
- Guests must be free of external parasites (fleas/ticks).

2. Hours

- Please note that we are NOT a 24/7 facility. Our medical professionals are available during business hours Monday through Friday.
- Although our hotel does not have overnight attendants, we do have kennel techs that provide twice daily feeding, cleaning, medication, and TLC during the weekends. Please speak to our front desk to schedule pick-up / drop-off times.

3. Any cat not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered to be "abandoned", and will be handled in accordance with state law. This does **NOT** relieve you (owner) of any financial obligations.



Medications

All currently prescribed medications must be brought in their original containers. If currently prescribed medications are not provided, you will be charged for a refill at the current rates. Please list any medications below including dosages and instructions.

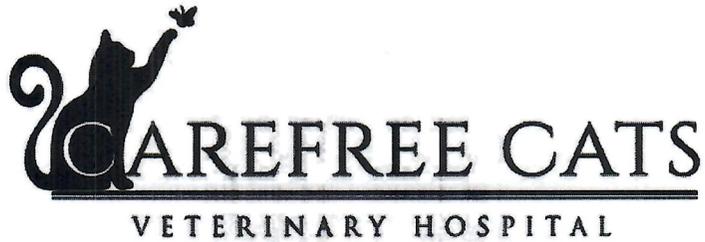
DIABETICS: When boarding a diabetic cat, it is mandatory that we check your cat's glucose level twice a day to ensure the correct amount of insulin is given as cats who are stressed do not eat/drink the same amount as they would at home. The cost for checking your cat's glucose level and administering insulin will be **\$15.00/night, per pet.**

MED ADMINISTRATION: Administration of pills/liquid/transdermal medications will be **\$5.00 per night, per cat,** and injectables **\$15.00 per night, per pet.** If your pet is in need of SQ fluids during their stay, the cost will be **\$18.00 per administration.**

Medication Name	Dose	Time(s)	Taken With	Time Last Given	Notes

AUTHORIZATION: If any of the above medication(s) are not specifically labeled for use in cats or you want different administration from what is on the label, you are giving Carefree Cats permission to administer the above medication(s) to your cat(s) per your instructions. **Initial:** _____

Please note that we are NOT a 24 hour hospital and therefore cannot guarantee that medications are given on the same schedule that you currently maintain. We will do our best to maintain a similar schedule that falls within our normal business hours. **Initial:** _____



Boarding Agreement/Requirements

Client:

Patient:

Date:

Client ID:

Phone:

Color:

FEEDING INSTRUCTIONS: (no raw meat for the safety of staff / cross contamination risk)

Dry:

1. Owner Provided or Clinic Food? Owner Provided Clinic Dry (add'l \$3 per day)

2. Amount Given Per Meal _____

3. Last time patient was fed _____

4. Once or Twice daily? _____

Wet:

1. Owner Provided or Clinic Food? Owner Provided Clinic Wet (add'l \$3 per day)

2. Amount Given Per Meal _____

3. Last time patient was fed _____

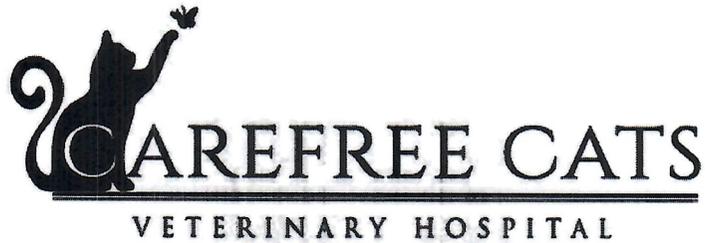
4. Once or Twice daily? _____

Please leave belongings at your discretion, Carefree Cats will not be held responsible for any lost items while your pet is boarding.

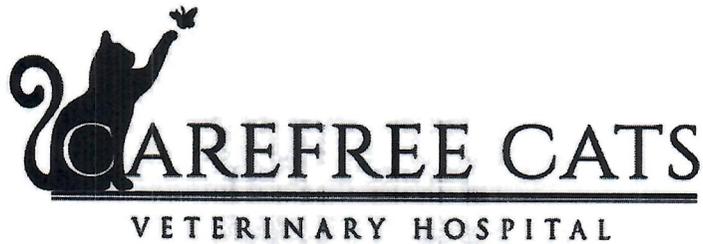
1. **FOOD:** Please provide your own cat(s) food to minimize stress and tummy upset. If sufficient food is not provided there will be an additional charge per day. If your cat has special prescription dietary needs please provide adequate amounts.
2. **STRESS/ILLNESS:** Cats that are boarded away from home have a tendency to develop upper respiratory infections, lower urinary tract disease, and will sometimes not eat well resulting in weight loss. Although Carefree Cats makes every effort to control infections due to stress, latent infections and other unknown factors, we will not be held financially responsible for the cost of professional veterinary services, treatments, or medications you may incur if your cat(s) become ill during their stay with us. Our boarding staff will monitor your cat's hydration, weight, eating habits and urine/defecation production daily during their boarding stay.

Common therapeutic treatments are as follows:

- Appetite Stimulant (Mirtazapine): \$5.00
- Forti-flora Probiotic: \$1.85 per packet (helps with appetite stimulant and diarrhea)
- Fluid Therapy: \$13.00
- Assisted Nutrition: \$16.00
- Enema: \$50.00



3. EMERGENCY CARE AUTHORIZATION: If your cat(s) becomes ill or injured, or if the state of their health otherwise is reasonably believed to require medical attention or life saving measures, Carefree Cats, in its sole discretion (after making reasonable attempts to contact the owner or the emergency contact) will treat your pet at the owners expense or seek care at an emergency facility, which may require transport. Carefree Cats Veterinary Hospital will not be financially responsible for payment of services rendered there as this will be between the owner and the emergency hospital.
4. **In Consideration of Carefree Cats Veterinary Hospital accepting my pet for boarding, I hereby release, discharge and waive claims, demands, and/or actions against Carefree Cats Veterinary Hospital, Its Agents, employees, officers, and insurers arising from or relating to injury, illness or death that may occur during the period of boarding. Initial_____**
5. In the unlikely event that my pet should expire during the boarding period, my wish is for my pet's remains to be: _____ (initial)
 - Paw Print
 - Retained for burial
 - Cremated and ashes returned
 - Cremated and ashes disposed
6. Owner agrees to pay all costs and charges for boarding, any special services requested, all required medical treatment or medication costs for the pet during its' boarding stay at Carefree Cats. If the boarding stay exceeds 3 weeks, charges will be collected each week with the credit card placed on file. _____ (initial)
7. Owner further agrees that the cat(s) shall not leave the premises of Carefree Cats until the total charges due are paid in full. Owner further agrees at fees will continue to accrue at the previously agreed rate for the entire period of time the cat(s) remain in the care of Carefree Cats.



Client:
Date:
Phone:

Patient:
Client ID:
Color:

What extra services can we provide for your cat while boarding?

1. Nail Trim @ \$22 Yes No Scheduled by Staff Yes
2. Sanitary Shave @ \$45 Yes No Scheduled by Staff Yes
3. Scratching Post @ \$11 Yes No

By signing this agreement and leaving your cat(s) with Carefree Cats, owner certifies to the accuracy and completeness of all information given about the owner and the said cat(s). Carefree Cats has the right to deny admittance to owner's for any reason, at any time. This agreement contains the entire agreement between the parties. All terms and conditions of this agreement shall be binding on the owner and personal representatives of the owner and Carefree Cats.

Client Name: _____ Best Phone # to reach you : _____

MANDATORY Emergency Name/Number: _____

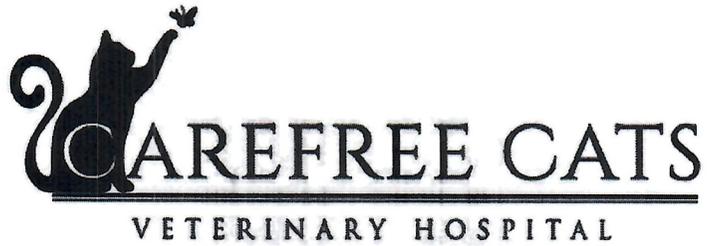
Check In Date: _____ Check In Time: _____ Check Out Date: _____

Authorized Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____



Client:
Date:
Phone:

Patient:
Client ID:
Color:

Thank you for allowing us to provide the best possible care for your special family member.

We look forward to complementing the love and care you already provide with professional services and of course, boundless affection.