KITTY CASTLE BOARDING AGREEMENT

PRIMARY OWNER: _____DATE_____

ADDRESS: _____

Street Apt# City Zip Code

Primary Contact Information: please place an "x" next to your preferred method of contact:

☐ Home: _____ ☐ Cell: _____ E-Mail: _____

How did you hear about us? _____

EMERGENCY CONTACT

Name: _____

Phone: _____Alt. Phone: _____

Alternate emergency contact: _____

Phone: _____

Location while away / pertinent information: _____

Veterinarian/Clinic Name: _____

Address/City: _____Phone: _____

REQUIRED VACCINATIONS: RABIES and FVCRP

- **Proof of vaccinations** from your veterinarian must be emailed____or be presented ___ at time of check-in. Please note: Kitty Castle will charge a $5.00 fee to contact vet for updated vaccination records.
- **Flea / tick medicine** must be administered a **minimum of 48 hours** prior to check-in.
  Date medication administered: _____

*Alternately, *you may choose an appropriate flea / tick collar*

Have you boarded your kitty/ kitties previously? _____ Any concerns? _____
Behavioral issues? _____ Additional information? _____

_____

Please complete information for each feline guest:

Pet Name: _____Breed: _____

Color/Markings: _____ Age / Approximate Age: _____

Sex: _____ Spayed?/ Neutered? Yes ___ No ___ **Please note: all male cats must be neutered.*

Current Medications: _____ Instructions: _____

Feeding Instructions: Wet: _____

Dry: _____

Special Notes / Instructions: _____

KITTY CASTLE BOARDING AGREEMENT (cont'd).

Please compete for each additional guest:

Pet Name: _____Breed: _____

Color/Markings: _____ Age / Approximate Age: _____

Sex: _____ Spayed?/ Neutered? Yes ___ No ___ **Please note: all male cats must be neutered.*

Current Medications: _____ Instructions: _____

Feeding Instructions: Wet: _____

Dry: _____

Special Notes / Instructions: _____

Pet Name: _____Breed: _____

Color/Markings: _____ Age / Approximate Age: _____

Sex: _____ Spayed?/ Neutered? Yes ___ No ___ **Please note: all male cats must be neutered.*

Current Medications: _____ Instructions: _____

Feeding Instructions: Wet: _____

Dry: _____

Special Notes / Instructions: _____

At Kitty Castle, the health, safety, and comfort of our guest is our primary concern. Therefore, any guest found to have parasites of any kind (fleas, ticks, intestinal worms, etc.) or suspected to have an infectious disease (upper respiratory infection, etc.) will be treated appropriately at owner's expense and/or may be placed in an area of isolation to prevent spread of disease. By signing below, you indicate you understand and agree to the terms and conditions listed. You also agree the information you provide is true and accurate to the best of your knowledge.

_____

Primary Owner's Signature Date