



Feline Boarding Check-In

Owner(s) name: _____ Phone number(s): _____

Pet(s) name: _____ Check in date: _____ Check out date: _____

Accommodations

Studio (Suitable for one cat) **\$18/day**

Base boarding fee includes one bedroom, one private litter area and spacious living room. Nightly tuck-ins, feedings, bedding and 24/7 water are always included.

Duplex (Suitable for up to 3 cats) **\$29.50/day**

Base boarding fee includes two bedrooms, two private litter areas and two spacious living rooms. Nightly tuck-ins, feedings, bedding and 24/7 water are always included.

Additional Amenities

Treat Time **\$1/day**

Tasty afternoon snack of gourmet canned food

Catnip **\$1/day**

A generous sprinkle of catnip for your cat's enjoyment

AM and PM Roaming Time **\$3.25/day**

15 minutes of free time to explore the cattery and watch the fish

Extra TLC/Playtime **\$3.25/day**

1 on 1 time with a staff member and toys!

Nail Trim **\$12.75**

Feeding Instructions

What kind? Own Food **Brand:** _____ Our Food (sensitive stomach dry or canned)

When? AM Noon PM

Amount to feed: _____

Medication Instructions*

Medication #1: _____ Dosage: _____ AM Noon PM

Medication #2: _____ Dosage: _____ AM Noon PM

*Additional medications, 3x/day medications, or special procedures will incur an extra fee. By signing on the next page, you are giving Come, Play, Stay! permission to administer any off label (not labeled for animal use) medications or supplements listed above.

Please Complete and Sign Reverse Side

Special Procedures or Instructions?

Health or Medical Concerns

Emergency phone number to reach owner: _____

Regular Veterinarian: _____

Release: (Please read and sign)

Reasonable precautions will be taken against communicable disease, illness, injury, escape, or death of this pet. South Mesa Veterinary Hospital/Come-Play-Stay and staff will not be held liable for problems that might develop provided reasonable care and precautions are followed. I agree that any medical problem that develops with my pet will be treated as necessary in accordance with routine procedures and I assume full financial responsibility for all such treatments. A South Mesa Veterinarian will make every attempt to contact me in the event that my pet needs medical attention. As required by the Colorado Department of Agriculture, PACFA Regulations, Description 16.00 G. 3., in the event of death, the facility will provide interim body care (cold storage at South Mesa Veterinary Hospital) until the owner is reached and final plans are made. I assume full financial responsibility for all medical treatment my pet needs, even if I cannot be contacted. South Mesa Veterinary Hospital/Come-Play-Stay is not liable for the loss, damage or destruction of personal belongings.

I understand that I will be charged for a full day of boarding on the day of drop-off and pick-up, unless I pick my pet up **before** 11:00 am Monday-Saturday, and I will always be charged for a full day of boarding on Sunday. I agree to pay in full with cash or credit card (we do not accept checks) at the time of pick up.

Signed: _____ **Date:** _____

If you desire a limit on treatment, please state here: _____

Release for pets less than six (6) months of age: I understand that, due to the young age of my pet, it may be more susceptible to disease as its immune system has not been completely developed.

Signed: _____ **Date:** _____