STAFF USE ONLY:	Check-In Attendant	Run Number



## **Feline Boarding Check-In**

Owner(s) name:	name: Phone number(s):				
Pet(s) name:		_Check in date:	Check out date:		
<u>Accommodations</u>					
$\square$ Studio (Suitable for one cat)		<b>\$27</b> /day			
Base boarding fee includes one bedro room. Nightly tuck-ins, feedings, bedo		· · · · · · · · · · · · · · · · · · ·	iving		
Additional Amenities					
☐ Treat Time				<b>\$3</b> /day	
Tasty afternoon snack of gourmet can	ned food				
☐ Catnip  A generous sprinkle of catnip for your	cat's enjoyment			<b>\$1.75</b> /day	
□ Nail Trim				\$18	
Vaccinations/Exam/Testing					
☐ Rabies ☐ Distemper/Res	oiratory $\Box$	Leukemia			
□Exam □Fecal Test □Heartworm	Test				
Feeding Instructions					
What kind? ☐ Own Food Brand:		□Our Food (ser	$\square$ Our Food (sensitive stomach dry or canned)		
When? □ AM □	Noon	$\square$ PM			
Amount to feed:			_		
Medication Instructions*					
Medication #1:	Dosage:	□AM	□Noon	□РМ	
Medication #2:	Dosage:	□AM	□Noon	□PM	

## **Please Complete and Sign Reverse Side**

<sup>\*</sup>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.

Special Procedures or Instructions?
Health or Medical Concerns
Please check if your cat has been experiencing any of the following:  ☐ Vomiting ☐ Sneezing ☐ Diarrhea ☐ Coughing ☐ Not using the litter box ☐ Lumps/Bumps ☐ Abnormal energy level/behaviors
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 <b>before</b> 11:00 am Monday-Saturday, and I will always be charged for a full day of boarding on Sunday. I agree to pay in ful 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:

Updated 11/18/2023