

GONE WILD KENNELS 271109, Range Road #50, Rocky View County, T4C 2X2

WEBSITE: www.gonewildkennels.com **EMAIL:** cats@gonewildkennels.com

DROP OFF AND PICK UP: FOR CAT BOARDING PLEASE ARRANGE AN APPOINTMENT TIME during normal opening hours for the kennel. Please allow 15-20 minutes to complete your appointment.

Monday to Friday: 8:30 AM – 10:30 AM* (* Please arrive no later than 10:00)

& 3:00 pm – 4:30 PM* (* Please arrive no later than 4:00). Pickups in this period will be charged an extra day.

Saturday, Sunday and Holidays : 9:00 am – 10:30 AM* ONLY (* Please arrive no later than 10:00).

*Holiday hours effective the following days : Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday in August, Labour Day & Thanksgiving. *****WE ARE CLOSED THE FOLLOWING DAYS. NO DROP OFFS OR PICK UPS: December 23 - closed at noon and will reopen December 27. New Year's Day, January 1**

RATES (Prices Include GST)

- First Cat: \$25.00
- 2 cats same condo: \$40.00
- 3 Cats same condo: \$52.00
- 4 cats same condo: \$65.00
- Diabetic Care: \$10.00
- 50% non refundable deposit at time of booking. Please wait to receive a email confirmation.
- If you are booking 1 single dog or cat for a 2 or 3 night boarding , full payment will be requested.
- Payment will be accepted by Etransfer, Cash or Cheque or Credit Card.
- Any credit cards taken over the phone or internet an extra 3% will be added to the charge. You are welcome to come out for a drive and pay at the kennel if you so wish. Bring your dog/s out for a short playtime. The banks are charging our business an extra 3% for their employees to manually input charges.
- If there is a cancellation, \$100.00 will be deducted per animal. The rest of the amount will not be refunded but it will be applied as a credit to your animals next visit. You will have 6 month to use this credit or the credit is no longer valid! There is always exceptions and will take that into considerations.
- Before or after hours drop offs or pickups will be charged \$15.00 per 15 minutes **IF we can accommodate it** and you have confirmed this with us beforehand. Please do not just turn up. 'Missed' appointments need to be scheduled.
- TWO DAY minimum charge.
- Reservations for Christmas/New Year must be paid in full 30 days prior to boarding.
- 10% discount for stays longer than 30 days. Other long stay rates on request.
- Owners to provide sufficient food (in suitable container(s), and provide information on amounts to be fed.
- All accounts must be paid in full on pickup – Cash, Debit, MasterCard, VISA.

HEALTH CARE AND MEDICATION

- If your cat needs to go to the vet and you regular vet is in Cochrane then we will attempt to have it seen at your usual clinic. If not, the cat will be taken to one of the Cochrane Veterinary Clinics. If necessary it may be taken to a Calgary facility.
- **All cats must have up to date vaccinations, including Rabies (see notes on Health Requirements) and a flea treatment must be administered approx 48 hours prior to check-in for boarding.** Any pet found to have any kind of parasite will be referred to a vet for recommended treatment and the owner will be billed accordingly plus transportation fees. **Copies of vaccination records and proof of flea treatment are required and must remain on site with your pet(s).**
- Administration of any medications will be charged \$1.00 per medication, per dose, for each cat.
- Long Haired cats needing daily grooming will be charged \$2.00 per day per cat, if he/she is willing to be brushed. Please supply your pet's own brushes/combs/grooming mitts.

ALL CATS STAYING WITH US WILL BE CHECKED OVER BEFORE BEING ACCEPTED AS A GUEST. FOR THE SAFETY OF THE OTHER ANIMALS IN OUR CARE PLEASE DO NOT BRING SICK, POTENTIALLY SICK OR UNHEALTHY CATS IN FOR BOARDING. GONE WILD KENNELS RESERVES THE RIGHT TO REFUSE ANY CAT.

Gone Wild Kennels

271109, Range Road #50

Rocky View County, T4C 2X2

Web Site: www.gonewildkennels.com e-mail: cats@gonewildkennels.com

Cat Boarding Application - *Tell Us About Yourself*

Name(s) _____

Address _____

City _____ Prov. _____ Postal Code _____

Home Phone _____ Cell# _____

Alt. Cell # _____ Email _____

Who else is authorized to drop off/pick up the pet(s)? _____

Please provide an alternative contact name & number other than yourself In Case of Emergency?

How much do you authorise us to pay ON YOUR BEHALF if your cat becomes ill/injured (we will always attempt to contact you for instruction, but in the event of us not being able to do so it will be helpful). We may have to make the initial decision to seek veterinary assistance on your behalf for your pet's welfare.

Up to \$250 _____ (Initial Consult approx), \$300-\$500 _____, \$500-\$700 _____, \$700-\$1000 _____, \$1000+ _____

In the very unlikely event that your pet passes away whilst in our care, what are your instructions?

Regular Cremation via vet (no ashes): Cremation via vet WITH ashes: Retain Pet:

How did you hear about us? _____

Instructions: If you have more than one cat, each cat does not need a separate form. However, please indicate each vital statistic separately. Attach a separate sheet if necessary.

Tell Us About Your Pet

Name _____ Breed _____

DOB/Age _____

Spayed / Neutered: Yes / No* *No un-altered cats over 6 months old please

Weight _____ Colour _____

How does your cat react with other cats in your family that will be boarding in the same condo?

How about People? _____

Under what conditions does your cat scratch, bite or cry?

Has your cat ever bitten you or anyone else? _____

Has your cat used any boarding facility before ? Yes* / No

* If yes, where? _____

Tell Us About Your Pet's Health

Veterinarian: Dr. _____ at _____ Clinic/Hospital

Address _____

Phone Number _____

Please detail any notable current, prior or recurring medical conditions or issues: _____

Current Medications & Frequency Administered _____

Allergies/prohibited foods _____

Date of Last Complete Physical Exam _____

Vaccination Record (Fill in yourself or have your vet office fax us a copy). **Vaccinations must be completed between 48 hours and 14 days prior to check-in depending on your cat's vaccination history!** Please see the website and Information Sheet for details. Contact us if you are still unsure.

RABIES: Date Administered _____ Date Due _____

FVRCP: Date Administered _____ Date Due _____

FeLV: Date Administered _____ Date Due _____

(Rabies & FVRCP (core virus) vaccinations are ESSENTIAL. FeLV is Recommended but not essential).
Copies of the Vaccination Records AND Flea Control used is ALSO REQUIRED and must remain on site with the animal(s).

Flea Control (ESSENTIAL – ask your vet for advice): Brand: _____

Date it will be administered: (ask your vet clinic) _____

**** If there is a medical emergency, we use Veterinary Clinics in Cochrane, and a transportation charge of \$20.00 will be incurred for each and every occasion (*including treatment for fleas/parasites*) that we have to take your cat to the Vet. If your pet needs to attend a Calgary facility, this charge is \$40.00. Transportation costs will be added to your boarding bill along with the Vet/Hospital charges.

Tell Us About Your Pet's Daily Routine

Food: Brand _____ Variety _____

Feed Times _____ Quantity _____

Feeding Instructions _____

Please bring sufficient food for the stay PLUS a bit extra! And preferably in a marked container(s)

Favourite Activities/Toys/Buzz Words _____

Anything else you would like us to know about kitty? _____

Agreement

I certify that I am the owner or agent of the owner of the aforementioned pet, and that I am authorized to board the pet and sign this form. I authorize Gone Wild Kennels to contact my veterinarian in order to confirm health, temperament and vaccinations. I give consent to Gone Wild Kennels to act on my behalf to obtain veterinary care at my expense, should Gone Wild Kennels deem it necessary. I have read this schedule of fees and agree to pay all charges at checkout, unless previously arranged. I release Gone Wild Kennels (and its agents and employees) from any liability or claim due to injury or death of my cat, unless Gone Wild Kennels has been negligent in the care of my cat. I understand that under no circumstances will Gone Wild Kennels be liable for consequential damages or demands beyond the replacement value of my cat.

Signed _____ Date _____