

Gone Wild Kennels

P.O. Box 8 Site 14 RR1
Cochrane, AB T4C 1A1

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 _____

Sex: Male / Female 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 _____