**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: \$26.00
- 2 cats same condo: \$42.003 Cats same condo: \$55.004 cats same condo: \$67.00
- 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.
- 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 You will have 6 month to use this credit or the credit is no longer valid!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 ree 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 picke up 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	
	ProvPostal Code
Home Phone	Cell#
Alt. Cell #	Email
Who else is authorized to	drop off/pick up the pet(s)?
Please provide an altern	ative contact name & number other than yourself In Case of Emergency?
How much do you author attempt to contact you for	ise us to pay ON YOUR BEHALF if your cat becomes ill/injured (we will always instruction, but in the event of us not being able to do so it will be helpful). We may ecision to seek veterinary assistance on your behalf for your pet's welfare.
Up to \$250 (Initial C	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 ve	t (no ashes): Cremation via vet WITH ashes: Retain Pet:
How did you hear about u	is?
	more than one cat, each cat does not need a separate form. However, please indicate ely. Attach a separate sheet if necessary.
Tell Us About Your I	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?				
Under what conditions does your cat scratch, bite or cry?				
Has your cat ever bitten yo	u or anyone else?			
Has your cat used any boar	ding facility before ? Yes	* / No		
* If yes, where?				
Tell Us About Your P	et's Health			
Veterinarian: Dr	at _		Clinic/Hospital	
Address				
Phone Number				
		nedical conditions or issues:		
Current Medications & Fre	equency Administered			
Date of Last Complete Phy	rsical Exam			
be completed between 48	hours and 14 days prior	t office fax us a copy). Vaccina or to check-in depending on you heet for details. Contact us if you	our cat's vaccination	
RABIES: Date Administe	ered	Date Due		
FVRCP: Date Administe	red	Date Due		

FeLV:	Date Administered	Date Due
	FVRCP (core virus) vaccinations are ESSENTIAI the Vaccination Records AND Flea Control used animal(s).	
Flea Con	trol (ESSENTIAL – ask your vet for advice): Bran	d:
Date it wi	ll be administered: (ask your vet clinic)	
\$20.00 wi take your	ere is a medical emergency, we use Veterinary Clir Il be incurred for each and every occasion <i>(includin</i> cat to the Vet. If your pet needs to attend a Calgary ded to your boarding bill along with the Vet/Hospin	ag treatment for fleas/parasites) that we have to facility, this charge is \$40.00. Transportation costs
Tell Us	About Your Pet's Daily Routine	
Food: Bra	ndVari	ety
Feed Time	esQua	antity
Feeding In	nstructions	
	ng sufficient food for the stay PLUS a bit extra! Ar Activities/Toys/Buzz Words	•
	else you would like us to know about kitty?	
pet and sign temperamer my expense charges at c any liability my cat. I un demands be	t I am the owner or agent of the owner of the aforementioned this form. I authorize Gone Wild Kennels to contact my vetent and vaccinations. I give consent to Gone Wild Kennels to a should Gone Wild Kennels deem it necessary. I have read the heckout, unless previously arranged. I release Gone Wild Kennels or claim due to injury or death of my cat, unless Gone Wild derstand that under no circumstances will Gone Wild Kennel yond the replacement value of my cat.	rinarian in order to confirm health, et on my behalf to obtain veterinary care at his schedule of fees and agree to pay all hinels (and its agents and employees) from Kennels has been negligent in the care of
Signed	Date	