

Gone Wild Kennels

P.O. Box 8 Site 14 RR1
Cochrane, AB T4C 1A1
403-990-2456

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# _____

Email _____

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

Who should we contact 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 your "Emergency Contact" at the time, but in the event of us not being able to do so it will be helpful)

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

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 get along 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 describe your pet's general health (Include any current medical conditions)

Current Medications & Frequency Administered _____

Allergies (If any) _____

Date of Last Complete Physical Exam _____

Vaccination Record (Fill in yourself or have your vet office fax us a copy). **Vaccinations must be completed 10 days prior to check-in.**

RABIES: Date Administered _____ Date Due _____

FVRCP: Date Administered _____ Date Due _____

FelV: Date Administered _____ Date Due _____

(Rabies and upper respiratory/distemper vaccinations are ESSENTIAL. Feline Leukemia is RECOMMENDED)

A copy of the Vaccination Record AND Parasite Control is ALSO REQUIRED and must remain on site with the animal(s).

Monthly Parasite Control (ESSENTIAL) : Brand _____

Date Administered _____

**** If there is a medical emergency, we use Big Hill Veterinary in Cochrane, and a transportation charge of \$20.00 will be incurred for each and every occasion (*including treatment for 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 _____

Instructions _____

Favourite Activities/Toys/Buzz Words _____

Items Brought/Luggage _____

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 _____