



995 South Creasy Lane Lafayette, IN 47905 (765)449-4195

Boarding Agreement

Owner: _____

Cat's name: _____ Age: _____ Gender: _____

Please note cats may only be picked up during normal business hours.

Admitted Date: _____ Pickup Date: _____

Have you brought any of the following with you?

Food Carrier Treats Bedding Toys

Feeding Schedule: Amount: _____ How often: _____

Will your cat require any medications when boarding? Y N

If Yes, what medication and dosage: _____

Cats requiring medication will be charged an additional \$2.00 per day.

Upper respiratory viruses may spread from cat to cat thru the air. Even healthy cats may serve as carriers. For this reason, we require boarders to be current on vaccinations for the upper respiratory diseases. Vaccinated cats may still get mild disease. Rabies vaccination is required by Indiana state law.

Vaccinations Given: _____ Date Given: _____

In an Emergency Situation, please treat my cat as necessary: Y N

Emergency Contact Number: _____

Designated agent: _____ Contact number: _____

Your cat will be checked for fleas upon admission and discharge. If fleas are found, we will treat your cat with Advantage at owner's expense. Please inform staff if your cat is currently on a flea control program.

Signature: _____ Date: _____