



Pawsome Cat palace Boarding Registration

Pet's Name:

Weight:

Feeding Instructions:

Own Supply (specify brand):

Cups per meal:

How many times a day: Twice Daily _____ Three Times Daily _____

When was the last time your cat ate?

Medication Name	Dosage	Frequency

Please ask Attendant for administration prices. (Injection administration fees may vary)

When was the last time your cat had medication?

Other Medical Problems:

Has your cat been seen by his/her regular veterinarian in the last 6 months for anything besides a wellness visit? No _____ Yes _____ If Yes, please describe:

Does your cat have any health issues (i.e. diabetes, arthritis, etc.)? No _____ Yes _____ If yes, please describe:



Does your cat require any special medication or treatment for the above condition(s)? No _____ Yes _____
If yes, please describe:

Has your cat been treated with flea/tick medication within the last 30 days?

No _____ Yes _____ If yes, please indicate the date the flea/tick medication was applied and the name of the medication:

Please be advised that if evidence of fleas (live fleas or flea dirt) is found on your cat during its stay, the Cat Pawsome cat palace staff is required to administer oral flea medication as well as topical (if it has been more than 30 days since last treatment) at your expense.

Does your cat have any cuts, scrapes, bumps, warts etc. that we should be aware of? No _____ Yes _____
If Yes, please describe and indicate location:

Does your cat have any allergies: No _____ Yes _____ If Yes, please describe: **Seasonal or Food:**

Do you have any concerns or comments? No _____ Yes _____ If Yes, please describe:

How often does your cat eliminate?

Does your cat have any behavior characteristics we should be aware of (i.e. plays in water dish, vocalizes a lot, or other behavior that is not the result of a medical condition)?

No _____ Yes _____ If yes, please describe:

My cat likes to:

Play _____ Walk around _____ Snuggle _____ Other: _____

If your cat does not like the activity you have picked can we substitute the activity you chose for something else? Yes _____ No _____

Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful, medical decisions regarding your pets care will be made by the

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doctor on duty. You will be responsible for all medical charges associated with the management of this event.

If it seems your cat's well-being may be compromised by the unit they are assigned to, your cat will be moved to a more appropriate unit to better suit their needs. Boarding rates will increase if your cats are boarded together and are separated due to their safety.

In the event this should happen would you like your emergency contact notified?

Yes _____ No _____

Emergency Contact and Number(s):

Client Signature

Date



Boarding Contract

Date:

Pet Name:

Account Number:

Client:

Address:

Home Phone:

All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes. .

If an animal becomes seriously ill, we will attempt to notify the owner or emergency contact person. In the event the owner does not immediately inform us of desired measures to be taken, or if the state of the animal's health demands immediate action, we reserve the right to have our veterinarians or those within the network of hospitals administer necessary medical treatments within our discretion or judgment. Such expenses shall be paid for by the owner upon dismissal of the animal.

We are not responsible for the loss or damage of any belongings, such as blankets or toys that are brought in with the animal.

The owner represents that he/she is the legal owner of said animal and that said animal is not mortgaged in any way. The above mentioned animal(s) has/ have not been exposed to distemper, parvo virus, rabies or kennel cough within the last 30 days.

I have read and been advised of common boarding ailments that may occur during boarding. I understand these protocols and the measures that will be taken should my pet become ill. I agree to pay all associated fees that may incur due to medical treatment provided by Pawsome Pet Resort & Boarding and/or Bulger Veterinary Hospital upon dismissal of my pet.

Client Signature: _____ Date: _____
or appointed guardian of animal)

(owner

This contract is legally binding and will be a part of the animal's permanent record

Consent to Treat Form – Boarding Feline and Social Media Form

Account Number:

Pet Name:

Name:

Address:

Home Phone:

We would like to know how to proceed if your cat develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your cat's comfort and his/her ability to receive rapid medical treatment should



problems occur. The common boarding ailments below describe what initial measures are taken by the staff to remedy the problem. Should your cat not respond to these initial measures, further treatment may be warranted.

Common Boarding Ailments

Initial measures taken for these ailments

No stool production

Evaluation by technician; lubricant, laxative (Laxatone)

Persistent vomiting

Switch to a bland diet

Persistent lack of appetite
No ___

Provide a varied buffet to stimulate appetite. My feline's diet can be altered. Yes ___

Stress colitis (diarrhea)
analysis

Switch to a bland diet; remove wet food; fecal

Please select from one of the following options:

I give consent to have Pawsome Pet Resort & Boarding take initial measures to treat my pet for these conditions should they occur:

___ I give my permission to have Pawsome Pet Resort & Boarding take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff), should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I do not need to be contacted first.

___ I give my permission to have Pawsome Pet Resort & Boarding take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff), should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I would like to be contacted first.

___ I would like to be contacted before any measures are taken to treat my pet for any condition, including the ones listed above. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Pawsome Pet Resort & Boarding will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics and treatments provided.

Does your feline have any known drug or food allergies/ reactions? Yes ___ No ___.

If "yes", please indicate suspect drugs or foods:

Please select whether you approve or decline to give us permission to use your pet's photos as outlined below:

Approve use Decline use

I hereby give Pawsome Pet Resort & Boarding permission to use photographs of my pet, on Facebook and other social media applications. I also grant permission for to publish photographs of my pet for promotion of the organization in printed publications, photographic displays on the web-site.

Client Signature: _____

Date: _____