



Bed & Breakfast Registration

Cat Specialist

612 Atchison Way
Castle Rock, CO 80109
303-663-CATS (2287)

If this is your cat's first visit as our Bed & Breakfast guest, we would appreciate your reading our POLICIES, our AMENITIES, and our RELEASE. Let us know if you have any questions. Thank you for trusting us to care for your cat! Rest assured that your cat will be with people who have and love their own cats, and know how special your cat is to you. We will see that your cat has a wonderful vacation at Cat Specialist!

Our Policies:

1. **Vaccinations:** Cat Specialist requires that all cats be currently vaccinated for **Rabies** and **FVRCP**. Non-medical clients will need to attach proof of current vaccinations. Rabies vaccination must be current to at least three years. FVRCP vaccination must be current to one year. In the event you cannot provide proof of vaccination before or at time of check-in, your cat(s) will receive FVRCP and Rabies vaccinations at Cat Specialist at your expense.
2. **Physical Examination:** All cats will be briefly examined by a nurse on presentation for boarding. This is necessary to prevent the spread of infectious diseases within our practice. If your cat is found to be ill, we reserve the right to isolate your cat and/or treat your cat, at your expense. There is no charge for our brief examination.
3. **External Parasites (Fleas & Ticks):** Cat Specialist is a flea and tick-free boarding facility. All cats will be examined for external parasites at the time of admittance. If fleas or ticks are found, your cat will be treated at your expense.
4. **Intestinal Parasites:** All cats with abnormal stool will be checked for internal parasites while they are boarding. The fecal examination is not free of charge. If intestinal parasites are found, your cat will be treated at your expense.

Our Amenities:

1. **Meals:** We stock a wide variety of feline prescription diets, and we offer an extremely wide selection of non-prescription diets, treats and snacks. You are always welcome to bring your own food. **Purrsonal Effects:** Your kitty will be provided with an ample supply of our famous "cat tested, cat approved" toys. We can't be responsible for toys you leave with your cat. Please remove your cat's collar and keep it safely at home.
2. **Housekeeping:** Your cat's quarters will be inspected three times daily, and cleaned when necessary.
3. **Playtime:** One play session of at least 15 minutes, is included at no charge for each cat, each day, cat's disposition permitting, unless you instruct us otherwise.
4. **Kitty Health Club:** Of course while your cat is our guest, you can order a tune-up. We're glad to do any grooming or elective medical procedures during your cat's stay. Our staff will be glad to explain the charges for these services. Kitties who are on routine medication are medicated by our trained personnel at a nominal extra charge, medications not included. See reverse side.

Release Form:

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above named cat, and does hereby authorize Cat Specialist, its veterinarians and staff, to board and care for this cat. The undersigned acknowledges that other cats will be located on the premises, and hereby authorizes the necessary care and treatment for any condition that may endanger said other cats, and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites and infectious viruses. Any cat which does not eat for 48 hours will receive therapeutic support, including administration of fluids, appetite stimulant, and syringe feeding at the owner/agent's expense. The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape or illness, with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Cat Specialist. The undersigned authorizes Cat Specialist to do whatever is necessary in the cat's best interest, should an emergency situation arise. The undersigned acknowledges that payment is required when this cat is released, and if this cat is not picked up or his or her pick up date is not modified verbally within 7 days of the scheduled pick-up date, the cat will be deemed abandoned and becomes the property of Cat Specialist.

Owner/Agent signature: _____ **Date:** _____

Policies Located on Reverse Side

Cat's Name: _____ **Owner's Name(s):** _____

Emergency Contact: 1) Name _____ Phone _____
2) Name _____ Phone _____

Time zone you are traveling to: _____ Email: redsky5@msn.com
Arrival Date: _____ Pickup Date: _____ Reservation: Atrium _____ Condo _____ Kitty Camp _____

Additional Requested Services: (Please initial any desired additional service below)

____ **Grooming:** bath, clip, brush out, or nail trim. Your kitty can be fresh and clean when you return!

Please specify: _____

____ **Dental exam:** Ask for a **complimentary** dental exam by any of our qualified nurses! We'll contact you with the findings, and if necessary, schedule a dental cleaning during their stay. Let's make your kitty's mouth clean and healthy before they go home!

____ **Vaccinations/labwork:** Is your kitty due for any of these services in the next 30 days? We can save you the trip back next month! Your records have been checked and your kitty is:

Due: _____

Up-to-Date (Yea! Great owner!)

Do you have any concerns about your cat today? (Please be aware there is an \$80 doctor exam fee.)

If your cat is receiving services this visit, how would you like to be contacted to discuss exam/labwork findings?

Phone (include best number & time of day): _____

Email: _____

Go-home sheet

Diet:	Type:	Brand/Formula	How much does your kitty eat?	How often?
Dry:				
Canned:				

Did you bring food? Yes / No (circle one)

Medications:	Dosage/Amount	Dosing frequency	AM/PM	Due Next	Route

What toys/personal effects are you leaving with us?

DO WE HAVE YOUR PERMISSION TO GIVE YOUR CAT AN APPETITE STIMULANT OR AN ANTI-NAUSEA IF NEEDED? (Some kitties will not eat well or can vomit when stressed)

YES **CALL FIRST** _____

Owner/ Agent
Signature _____

Date _____