



Pet Chateau

Cat Daycare/Boarding Registration Form

Owner Information

Owner Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Cell/Work: _____

Email: _____

Cat Information

Cat's Name: _____

Breed or Mix: _____ Length of Ownership: _____

Date of Birth: _____ Sex: Male: Female: Spayed/Neutered: Yes No:

Behaviour

If your cat has been to daycare/boarding before how did he react?

Positively: Negatively: N/A

Has your cat ever bitten a person or another cat? Yes: No:

If yes, what were the circumstances? _____

Has your cat ever been bitten? Yes: No:

If yes, what were the circumstances? _____

It is the owner's responsibility to inform Pet Chateau of any and all incidents of biting or aggression concerning your cat (cat to cat, cat to human, etc.).

Failure to do so may result in your daycare/boarding service agreement being terminated.

Identify any fears: _____ N/A

Does your cat have any concerns in the following areas? If yes, describe.

1. Meeting other cats _____ N/A
2. Meeting strange people _____ N/A
3. Scratching people _____ N/A
4. Meowing _____ N/A
5. Growling _____ N/A
6. Biting _____ N/A
7. Destructive chewing _____ N/A
8. Food/toy aggression _____ N/A
9. Ingesting non-food items _____ N/A
10. Housetraining _____ N/A
11. Nervousness _____ N/A
12. Eating feces _____ N/A

Health and Grooming

Describe any medical conditions currently affecting your cat:

Has your cat been diagnosed with any communicable disease, bacteria, or parasite in the past 30 days? Yes: [] No: []

If yes, describe. _____

What flea / parasite control do you use? _____

Does your cat have a problem with physical movement? Yes: [] No: []

If yes, what restrictions need to be placed on your cat's activities or movement?

Veterinarian Information

Clinic Name: _____

Address: _____

Phone: _____

It is the owner's responsibility to inform Pet Chateau of any existing health conditions or any new health conditions as they are identified. On admission, all cats must be free from any conditions which could potentially jeopardize other cats. Cats that have been ill with a communicable disease in the last 30 days will require veterinary certification of health to be admitted or readmitted.

We are willing to administer medication (pills, creams, ointments, etc.) and or food supplements as needed, provided the owner makes a clear request and provides proper direction for administration. If applicable, please identify this information on the "Medication Form".

Please sign and date below confirming that the above information is up-to-date and accurate.

Owner's Name (please print)	Signature
Date	

Hours of Operation	
Monday to Friday	7:00am – 7:00pm
Saturday	8:00am – 5:00 pm
Sunday/Holidays	Pickup/Drop off 9:00am – 10:00am or 5:00pm – 6:00pm
* No pickup/drop off Christmas Day or New Years Day	

For Office Use Only	
FVRCP _____	Checked by: _____
Rabies _____	Date: _____



PLEASE READ CAREFULLY BEFORE SIGNING

RELEASE AND WAIVER: By filling out this application and signing below, I hereby release Pet Chateau and all associated parties and its owners, members, investors, officers, managers, employees, and agents (hereinafter referred to as "Pet Chateau") from any and all liabilities for injuries or illnesses to myself, my pet, or any other property of mine which may arise in any way out of services and/or products provided by Pet Chateau. I understand this is a full, complete and knowing release with no right of recourse.

ANIMAL UNPREDICTABILITY AND VOLATILITY: I understand that every pet reacts differently and that animals by nature are unpredictable. I understand and acknowledge that pets and animals may bite or cause other injury to humans and other pets without warning or reason. I acknowledge and understand that there are certain risks involved in a social environment, daycare and grooming, including but not limited to pet fights, pet bites to humans or other pets, and the transmission of disease.

INDEMNITY: The undersigned, by execution of this document, agrees that he, she or they shall indemnify and defend Pet Chateau and hold each of them harmless from any claim, demands, causes of actions or damages, including reasonable attorneys fees, arising out of any action or damage or injury done or caused by their pet to any animal, individual or individuals while in the care of Pet Chateau. Any medical expenses will be my responsibility and I release Pet Chateau from any charges.

SPAY NEUTER AND VACCINATION POLICY: I also understand that all pets must be in spayed or neutered, on a flea/tick preventative program, and up-to-date on FVRCP and Rabies vaccinations. All vaccinations must be given a minimum of 48 hours prior to any visit to Pet Chateau.

IMAGE USE: I authorize Pet Chateau to take images of my pet while at the Pet Chateau facility. I authorize the use of these images and my pet's name in any Pet Chateau media, social media, website, marketing, or promotional materials.

HOURS OF OPERATION AND CHARGES: I also understand that Pet Chateau's hours are Monday to Friday 7am to 7pm and Saturday 8am to 5pm. I must promptly pick up my pet before 12:00pm on day of check out (Monday to Saturday). A \$25 surcharge fee applies for late pick up until end of business day. Reservations for boarding and grooming are required, and cancellations not made by 6:30pm one business day prior to the scheduled visit will be charged full fees. By signing below, I accept exclusive and sole responsibility, financial or otherwise, for these and all other risks and release Pet Chateau and all related parties of all liability.

MEDICAL EMERGENCY POLICY/RELEASE: In case of a medical emergency I understand that full effort will be made by Pet Chateau to reach me or my emergency contact. However, failing so, I give full permission for Pet Chateau to make any needed decision concerning medical treatment of my pet. I authorize urgent veterinary treatment of my animal and I understand that I will be fully responsible for all fees and charges incurred on my behalf. Pet Chateau reserves the right to utilize the services of any available veterinary clinic. I authorize Pet Chateau and my registered veterinarian(s) to share all medical records of my pet(s) with veterinary clinics in an emergency in the interest of providing the best urgent care for my pet in case of injury or illness. I understand that a minimum fee of \$25/hr or part thereof will be assessed to cover the transportation of, care of, supervision of taking my pet to and from the vet or vet hospital and/or time to pick up medications as prescribed for my pet. I agree to reimburse Pet Chateau for the cost of all medications and veterinary services required for the care of my pet. I understand that Pet Chateau will administer prescribed medications to my pet (additional fees may apply) but I will not hold Pet Chateau liable in any way in relation to administering these medications.

NATURAL DISASTER POLICY: In the event of a natural disaster (i.e. Hurricane, tornado, flooding, earthquake, etc.) I understand it is my responsibility to pick up my pet (or make arrangements for pick-up) in a timely manner and in accordance with any mandatory evacuations etc. I understand that Pet Chateau will do everything reasonably possible to secure the safety of my pet during a natural disaster and I agree to indemnify, release and hold Pet Chateau harmless of any and all liability related to any natural disaster of any sort.

Owner's Name (please print)	Signature
Date	