



Vax: Y N

Flea: Y N

Meds: Y N

All cats need to be vaccinated and flea free before boarding.

Today's date \_\_\_\_\_

**CLIENT INFO:**

Name \_\_\_\_\_

Home address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact name/Phone \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Vet's phone number \_\_\_\_\_

**In the case of emergencies your cat will be brought to your vet or the closest open hospital.**

**CAT CHECK IN INFORMATION:**

Boarding from: \_\_\_\_\_ To: \_\_\_\_\_ Approx Drop off/Pick up time \_\_\_\_\_

#1 Cat Name: \_\_\_\_\_

Color \_\_\_\_\_ Long, short, or medium length hair L S M

Identifying markings \_\_\_\_\_

Age /DOB \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? Y /N

De-clawed? Y / N Indoor Only? Y / N Social with other cats? Y / N

On any medications? Y/N If yes, what kind? \_\_\_\_\_

Instructions on administrating meds and frequency \_\_\_\_\_

Type of food (wet, dry, brand name) frequency & other instructions \_\_\_\_\_

Using anti flea treatment? Y / N Date of last flea treatment \_\_\_\_\_

Date of last vaccines: FVRCP: \_\_\_\_\_ Rabies \_\_\_\_\_

Proof of vaccines within last 12 months (copy from veterinarian) \_\_\_\_\_

#2 Cat Name: \_\_\_\_\_

Color \_\_\_\_\_ Long, short, or medium length hair L S M

Identifying markings \_\_\_\_\_

Age /DOB \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? Y / N

De-clawed? Y / N Indoor Only? Y / N Social with other cats? Y / N

On any medications? Y/N If yes, what kind? \_\_\_\_\_

Instructions on administrating meds and frequency \_\_\_\_\_

Type of food (wet, dry, brand name) frequency & other instructions \_\_\_\_\_

Using anti flea treatment? Y / N Date of last flea treatment \_\_\_\_\_

Date of last vaccines: FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_

Proof of vaccines within last 12 months (copy from veterinarian) \_\_\_\_\_

#3 Cat Name: \_\_\_\_\_

Color \_\_\_\_\_ Long, short, or medium length hair L S M

Identifying markings \_\_\_\_\_

Age /DOB \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? Y / N

De-clawed? Y / N Indoor Only? Y / N Social with other cats? Y / N

On any medications? Y/N If yes, what kind? \_\_\_\_\_

Instructions on administrating meds and frequency \_\_\_\_\_

Type of food (wet, dry, brand name) frequency & other instructions \_\_\_\_\_

Using anti flea treatment? Y / N Date of last flea treatment \_\_\_\_\_

Date of last vaccines: FVRCP \_\_\_\_\_ Rabies: \_\_\_\_\_

Proof of recent vaccines (copy from veterinarian) \_\_\_\_\_

Are you interested in receiving email updates on your cat/s? Y/N

**COMMENTS:**

Please list anything else you would like s to know about your cat (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about The Cats Meow Luxury Boarding? \_\_\_\_\_

**Customer Service Agreement And Waiver Of Liability**

This is an agreement between THE CATS MEOW LUXURY BOARDING LLC and the Owner whose name is \_\_\_\_\_ of the cat(s) named \_\_\_\_\_

\_\_\_\_\_ (the "Cats").

By signing below, in consideration of the services rendered and products provided by THE CAT MEOW BOARDING to the Cat, Owner acknowledges reading and understanding and accepting the terms and conditions herein.

**Waiver of Liability:** Owner understands that the provision of boarding and grooming and related services involve risk and possible injury to Cat, including but not limited to exposure to parasites, bacteria, viruses, and other medical conditions passed from cat to cat and from people to cat, sprains, strains, bites, broken bones, fatigue, diarrhea, dehydration, lack of appetite, nicks, cuts, and even the death of the cat. As a result, Owner hereby voluntarily releases, forever discharges and agrees to hold harmless and indemnifies THE CATS MEOW, it's owners, agents, employees, successors and heirs, from any and all liability, claims, demands, actions, or rights of action, which are or may be related to, arise out of, or are in any way connected to the provision of service and products to the Cat by THE CATS MEOW

**Representations of Owner:** Owner hereby represents and warrants that the Cat has not been exposed to any contagious diseases within the thirty (30) days prior to the Cats arrival at THE CATS MEOW, and that the Cat is in good health and that the Cat has had the vaccinations required. Owner also agrees to disclose any allergies, conditions, special medications, or the like which Cat requires and which could affect the provision of boarding and grooming and related products and services. Finally, Owner represents that Cat is not aggressive and that Cat does not have a history biting people or other animals.

**Governing Law; Jurisdiction; Venue:** This agreement shall be governed by and interpreted in accordance with the laws of the state of Washington without reference to its choice of law principals. Each party hereby irrevocably consents to the jurisdiction and venue of the courts of the State of Washington, Clark County, or the United States District Court for the District of Washington, and all applicable appellate courts, in connection with any action to interpret or enforce, or otherwise arising out of or relating to, this Agreement.

Accepted and agreed to:

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_