



Cat Boarding Agreement Form

PAWS Pet Concierge | 515 E Chatham St, Cary, NC 27511 | 919-601-0233

I hereby certify that my cat(s) is/are in good health, have not been ill with any communicable diseases or parasites in the last thirty (30) days, and have not harmed nor shown aggressive nor threatening behavior towards any person. I have also read and understand and agree to the following:

1. If health or behavioral problems develop with my cat(s), that these will be treated as deemed best by the staff of Paws Pet Concierge Services within their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
2. Paws Pet Concierge Services and their staff will not be liable for any health or behavioral problems that develop in my cat(s), and I hereby release them of any liability of any kind whatsoever arising from my cat(s) attendance at Paws Pet Concierge Services.
3. I am solely responsible for any harm to the employees or invitees of Paws Pet Concierge Services, or to the equipment, physical plant, or other property of Paws Pet Concierge Services, caused by my cat(s) while my cat(s) is/are attending Paws Pet Concierge Services.
4. Photographs or other graphic, sound or other image, likeness, recording, etc., may be made of my cat(s) by Paws Pet Concierge Services and that such may be used for any purpose without compensation, and I release to Paws Pet Concierge Services all rights that I may possess or claim to such image, likeness, recording, etc.
5. Payment is expected when services are rendered. If any amounts remain due after thirty (30) days, Paws Pet Concierge Services reserves the right to impose interest at the rate of 1 percent per month until paid. If Paws Pet Concierge Services pursues collection proceedings, I will pay reasonable attorneys' fees and costs of collection.
6. I have received, read, understood, and agreed to the terms outlined in the Paws Pet Concierge Services document, and I have read and understood all the terms of this agreement including the following:
Electronic Signature: By entering my full name below, I am acknowledging that I have read, understand, and agree with the above. I understand that my typewritten name in the field below constitutes my electronic signature, which is equivalent to my legal handwritten signature.

Cat Boarding Rules and Guidelines

To help maintain our high quality service and provide a safe experience for your cat, PAWS Pet Concierge Services has established general rules and guidelines.

1. All cats will be checked upon arrival for fleas. If fleas are found, a Capstar will be administered at the pet owner's expense.
2. All cats must have up to date vaccinations for rabies and FVRCP required.
3. There is no need to bring toys, beds, or other personal items. PAWS Pet Concierge Services provides these.
4. Your pet's food must be brought in resealable containers such as Ziploc bags or Tupperware containers. Commercial cat food bags or paper bags are not allowed.
5. Your cat's name and feeding instructions must be labeled on the resealable food containers.

Cat Boarding Enrollment

The enrollment form below will ensure we provide your cat with the best care possible while staying at PAWS.
PAWS must have proof of Rabies and FVRCP vaccinations.

Client Information

First name: _____ Last name: _____

Address: _____

Mobile number: _____ Home number: _____

Work number: _____ Email: _____

Preferred contact method? (circle one) Email / Text / Call

Emergency contact name & number: _____

Who else has permission to pick up your pet from us? Contact name & number: _____

Pet Information

If you have multiple dogs, separate with commas and use the same order throughout

Dog(s) Name: _____ Age: _____

Weight: _____ Breed: _____

Color/Markings: _____

Gender (unaltered female, spayed female, unaltered male, neutered male): _____

General/Medical History

Any previous serious illnesses or surgeries? If yes, please describe: _____

Any pre-existing medical conditions? If yes, please describe: _____

Any allergies? If yes, please describe: _____

Veterinarian Information

Animal Hospital Name: _____

Address: _____

Phone number: _____

Rabies Expiration Date: _____

Bordetella Expiration Date: _____

DHLPP Expiration Date: _____

Feeding Instructions

Feeding Schedule (circle all that apply) Breakfast / Lunch / Dinner

Please describe feeding instructions (amount per meal, treats, etc) _____

Does your pet need to be given medication while being boarded? If yes, please list specific instructions: _____

Does your dog display food aggression? _____

Behavior

For those with multiple dogs, write the name of the dog that pertains to the question next to your circled answer

Has your dog ever bitten another person or dog? If yes, please describe the situation: _____

Is your dog friendly towards adults, both male and female? If no, please explain: _____

Is your dog fearful of noises or sudden movements? If yes, please explain: _____

Is your dog fearful and/or aggressive toward dogs? (circle one) Yes / No / Unsure

Is your dog toy aggressive? (circle on) Yes / No / Unsure

Does your dog have separation anxiety when left alone? (circle one) Yes / No / Unsure

Do you consider your dog to be an escape risk? (circle one) Yes / No / Unsure

Has your dog ever jumped/climbed over a 5 foot fence or barrier? (circle one) Yes / No

Has your dog ever socialized with a large group of dogs? (circle one) Yes / No

Is there anywhere on your dog's body that they do not like to be touched? _____

Comments

Please list any additional information that will help us to provide care for your pet: _____

Pet Information

Cat Name: _____ Age: _____

Weight: _____ Breed: _____

Color/Markings: _____

Gender: _____ Is your cat spayed/neutered? (circle one) Yes / No

General/Medical History

Any previous serious illnesses or surgeries? If yes, please describe: _____

Any pre-existing medical conditions? If yes, please describe: _____

Any allergies? If yes, please describe: _____

Veterinarian Information

Animal Hospital Name: _____

Address: _____

Phone number: _____ Rabies Tag Number: _____

Rabies Expiration Date: _____ FVRCP Expiration Date: _____

Feeding Instructions

Feeding Schedule (circle all that apply) Breakfast / Lunch / Dinner

Please describe feeding instructions (amount per meal, treats, etc) _____

Does your pet need to be given medication while being boarded? If yes, please list specific instructions: _____

Behavior

Has your cat ever bitten another person or cat? If yes, please describe the situation: _____

Is your cat friendly towards adults, both male and female? If no, please explain: _____

Is your cat fearful of noises or sudden movements? If yes, please explain: _____

Do you consider your cat to be an escape risk? (circle one) Yes / No / Unsure

Is there anywhere on your cat's body that they do not like to be touched? _____

Comments

Please list any additional information that will help us to provide care for your pet: _____

Veterinary Instructions and Release Form

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Pets Names: _____

Colors/Markings: _____

Ages: _____

Medical Conditions/Medications: _____

If any pet(s) named above become ill or are injured, I request that PAWS Pet Concierge Services take the pets to:

Animal Hospital Name: _____

Address: _____

Phone Number: _____

If veterinary treatment is required, I give permission for PAWS Pet Concierge Services to approve said treatment up to \$ _____

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If the veterinary office named above is not available, I authorize PAWS Pet Concierge Services to take my pet to another veterinary office for treatment. I understand that PAWS Pet Concierge Services cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever PAWS Pet Concierge Services cares for my pet:

Printed Name: _____ Date: _____

Signature: _____