



Kitty Boarding Consent Form

289 Littleton Road
Chelmsford, MA 01824
(978) 256-9555

Client: _____ Pet: _____
Check-in Date: _____ Check-out Date: _____
Approximate Pick up time: _____

VACCINES DUE? Yes _____ No _____

Requirements: Annual Fecal Test, Annual Wellness Exam, Rabies Vaccine, FVRCP Vaccine, *Leukemia Vaccine
*Not required for boarding, but recommended annually for pets well being
Annual Boarding Contract Date _____

Medications: (Medication Chart must be attached)

Additional Fees for administering medication apply

CRS Initials

Yes _____ No _____

Do you need any medications refilled? _____

Any health issues we should be alerted to during this stay?
_____ (ex. limping, illness, cuts, scratches)

Date of last Heartworm and Flea & Tick preventative? _____ Need us to give?

*If the last treatment was over 1 month ago, the staff is required to administer doses of your pet's last Heartworm and/or Flea & Tick preventative at the owner's expense.

Comfy Kitty Package Choices:

_____ Basic Package _____ VIP Package _____ Premium Package

Feeding Instructions: how much? _____
own /ours

Any Food Allergies? _____

Belongings Brought From Home (detailed):

Ancillary Services:

Professional Grooming? Appt. Date _____ Consent Form _____ (CRS Initials)

Nail Trim? _____ Brush Teeth? _____ How often? _____

Brush-out? _____ How often? _____

Your pet's health and happiness is our primary concern. If the pet care attendants notice any medical problem they will attempt to contact your emergency number. An emergency contact 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 doctor on duty. You will be responsible for all medical charges associated with the management of this event.

Owner's Signature _____

Emergency Telephone Number

Email Address _____