



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

Comfy Kitty Boarding Consent Form

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

Requirements: Annual Fecal Test, Annual Wellness Exam, Rabies Vaccine, FVRCP Vaccine,
*Leukemia Vaccine

**Not required for boarding, but recommended annually for pet's wellbeing.*

Annual Boarding Contract Date _____

Medications: (Medication Chart must be attached) CRS Initials _____
\$7/day administer fee
Yes _____ No _____
med list _____ whiteboard _____

Do you need any medications refilled? _____

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

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

*some cats may not be suitable for Klubhouse
Feeding Instructions: how much? _____ how often? _____
our supply(RC weight control/Hills ID) or own supply? last time your cat ate? _____

feeding list _____

Any Food Allergies? _____ Allergy Sign _____

Multiple Cats: sharing room?. _____ Separate to feed? _____

Belongings Brought from Home (detailed):

Ancillary Services:

Professional Grooming? Appt. Date _____. (consent form needed)

Nail Trim? _____ \$13.00 *bath calendar* _____

Brush-out? _____. how often? _____ \$8/brush *bath calendar* _____

checked-in by: (CRS initials) _____

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 decision 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 _____