



199 Post Road West  
 Westport, CT 06880  
 (203) 226-1231  
 schulhofanimalhospital.com

### Pet Spa Feline Boarding Agreement

Boarding Dates: ____ / ____ / ____ - To - ____ / ____ / ____	Pick Up: AM PM
--	----------------

Pet's Name: _____	Sex: _____	Breed: _____	Color: _____
-------------------	------------	--------------	--------------

Owner's Name: _____	Cell #: (____) _____ - _____
Address: _____ City/State: _____ Zip: _____	
Emergency Contact: _____ Emergency #: (____) _____ - _____	

Accommodations	Activities and Amenities
<input type="checkbox"/> Kitty Condo with Room Service	<input type="checkbox"/> Kitty Premium Bed
<input type="checkbox"/> Kitty Day Care	<input type="checkbox"/> Kitty Fresh Towel Service
VALUE SPA PACKAGES	
<input type="checkbox"/> Value Kitty Spa Package	<input type="checkbox"/> Kitty Bird Watching & Sun Lounge (30 min)
<b>Additional Special Services</b>	<input type="checkbox"/> Kitty Purring & Petting (15 min)
<input type="checkbox"/> Medication Administration/per med.	<input type="checkbox"/> Kitty Playtime (10 min)
<input type="checkbox"/> Pedicure	<input type="checkbox"/> Catnip Happy Hour
<input type="checkbox"/> Teeth Brushing/day (own brush and paste)	Notes:
<input type="checkbox"/> Ear/Eye Drops Adm. w/o cleansing	
*boarding is charged per day.	

<b><u>Feeding Info</u></b>	Last Fed: _____
Name: _____	How Much: _____
How Often: _____	

<u>Medications</u>		
Name	Instructions	Last Given

**To protect your pet's health, cats are required to have proof of current vaccination status. Otherwise animals will be inoculated as necessary.** The clinic and staff will not be held liable for any medical or behavioral difficulties that develop with the above pets while boarding, provided reasonable care and precautions are followed against injury, escape, or death. I understand that any such problems will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. I further release Schulhof Animal Hospital from any responsibility for personal belongings left with my pets. I also understand that any charges will be paid at the time of release, or in advance in the case of a Sunday discharge. I understand that a credit card number and expiration date will be required to reserve my pet's accommodations/services. In the event of payment default I will pay reasonable attorney's fees and costs of collection.

**Clients who reserve a Sunday pick-up but fail to arrive will be charged a no-show fee of \$30.00.** Please be reminded that we do not charge an additional fee for Monday go-homes if the pet is picked up before noon.

\_\_\_\_\_ Date \_\_\_\_\_  
 Owner or Responsible Party