# PERFECT PLACE BOARDING KENNEL
# REGISTRATION FORM

**Client Name** _____

**Mailing Address** _____

**Postal code** _____ **Phone** _____ **Cell** _____

**Emergency contact** _____ **Phone** _____

**Vet** _____ **Phone** _____

**Cat/Rabbit NAME** _____ **D.O.B** _____ **Sex** _____

**Breed** _____ **Colour** _____

**HOW DID YOU HEAR ABOUT US?** _____

## Vaccinations  UP TO DATE (CATS ONLY)

**Rabies, FVRCCP, Feline Leukemia**

(Witnessed by staff member)        (print name) _____

## Terms of Agreement

Perfect Place Boarding Kennel will provide a clean, safe, and comfortable environment for your pet. If your pet should develop a medical problem or becomes injured while in our care, all reasonable efforts will be made to contact the pet owner and/or the emergency contact provided. Failing to reach either we will, contact a veterinarian. **If it is an emergency situation we will provide immediate medical care**. Round trips to the vet and associated vet costs are the responsibility of the pet owner and will be included in the boarding invoice. Boarding rates are based on a 24-hour period. **Partial days are calculated at a rate of** $1.00 per hour for cats or the daily rate, whichever os least expensive. If the guest is picked up prior to the date specified and you **have not provided 48 hours notice, a full day will be charged**.Customers are asked to provide their own pet food. If required, **we will provide food at a charge of $2.00 per day. $1.00 per day for medication**.

 We DO NOT accept responsibility for any injury, death, and property damage or loss sustained by you or your pet, which may occur because you used our services, unless we have been unreasonably negligent.

**Note**--- There is a service charge for after hrs service

Owner Signature _____

**Name of Guest** _____ CAT _____ RABBIT _____

## MEDICATIONS                                    D.O.B _____

_____

_____


## PET NOTES

_____

_____

_____


## FEEDING INSTRUCTIONS

_____

_____

_____


## IMPORTANT INFO                              Please circle answers


F   M   **Spayed/Neutered**                                No       Yes

Has your Cat/Rabbit ever shown aggressive behaviour to a person?   No       Yes

Does your cat/rabbit have any allergies or medical conditions that we should know about? _____

_____

_____

_____

Pet's Name _____

| DATE IN | TIME IN | DATE OUT | TIME OUT | COST/DAY | SUBTOTAL | GST | TOTAL | PAID | INITIAL |
|---------|---------|----------|----------|----------|----------|-----|-------|------|---------|
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