



## CRANBERRY HILL CATTERY BOARDING INFO

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone

Cell

Work

Email \_\_\_\_\_

Preferred Method of Contact:

Emergency Contacts While Boarding:

Name \_\_\_\_\_ Phone

Name \_\_\_\_\_ Phone

PET INFORMATION:

Pet Name

Age

Color

M/F

Breed

Spayed/Neutered?

Pet Name

Age

Color

M/F

Breed

Spayed/Neutered?

# CRANBERRY HILL CATTERY BOARDING INFO

List All Medications, Dosage, and  
Special Instructions:

Cat's Name \_\_\_\_\_

Medication \_\_\_\_\_

Dosage Instructions \_\_\_\_\_

Feeding Instructions (Quantity & Frequency)

\_\_\_\_\_

List Any Health Problems or Concerns such as  
Separation Anxiety, Allergies, Litter Box Issues,  
Cough, Excessive Drinking, Etc.

Veterinarian's Office Name \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Address

\_\_\_\_\_ Phone \_\_\_\_\_

# CRANBERRY HILL CATTERY BOARDING INFO

## VACCINATION REQUIREMENTS:

FVRCP (Distemper)(Current within 2 years)

Up to 10 years of age.

Please provide documentation.

RABIES: (Current within 1-2 years)

Please provide documentation.

CATS MUST BE FREE OF FLEAS

CATS MUST BE SPAYED/NEUTERED

## CRANBERRY HILL CATTERY POLICY AND DISCLAIMER

I acknowledge that in the event my cat(s) becomes ill while in the care of Cranberry Hill Cattery, they will attempt to contact me. If I'm not available, they will attempt to contact my veterinarian. Should my cat require vet attention, it will be safely transported to my vet. In an emergency, they may take my cat to Chase Farm Veterinary Hospital in North Dartmouth, MA. I understand I am responsible for all vet expenses which must be paid in full at the time I pick up my cat at Cranberry Hill Cattery.

I, \_\_\_\_\_ authorize Cranberry Hill Cattery to obtain medical treatment in the event of an illness or accident for the following cat(s): \_\_\_\_\_. I give the attending vet permission to start medical treatment. In the event the medical expenses exceed \$\_\_\_\_\_, I request that a Cranberry Hill Cattery representative or the attending veterinarian contact me before any further treatment is done. I agree to reimburse Cranberry Hill Cattery for any and all expenses incurred for the medical treatment of my cat(s).

Cranberry Hill Cattery reserves the right to recommend vet treatment or refuse admission if we feel the cat has some medical issue that could be passed on to other cats.

I certify that my cat(s) appears to be free of contagious diseases including external parasites and has not scratched nor bitten anyone within the last 10 days. I understand that if my cat has been found to have external parasites, it will be treated, and my account will be charged accordingly. I also certify that my cat is current on all required vaccinations, and I have provided written documentation of same.

I understand I will be charged for the day of entry regardless of time of entry. I understand that check-out time Monday-Saturday is 10:00 to 11:00 a.m. by appointment and Sunday is 9:00 to 10:00 a.m. by appointment. Cats checked out after these hours will be charged for that day.

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Signature