



Kitty Boarding Application

DATE OF APPLICATION: _____

DATES OF BOARDING: _____

GUARDIAN INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Home phone: _____ Cell / Work phone: _____

LOCAL EMERGENCY CONTACT

Name: _____

Address: _____

Home phone: _____ Work phone: _____

PET INFORMATION

Name: _____ Breed: _____ Sex: _____

Age (DOB): _____ Weight: _____ Color: _____

Feeding Requirements: 1X/ Day 2X/Day 3X/Day

Quantity of Food each feeding: _____

*Medication Requirements: _____

VETERINARIAN

Name and Clinic: _____

Address: _____

Phone: _____

* (Medication Release Required for Coddled Critters Personnel to administer medication.)



Enrollment Form

GENERAL INFORMATION

How did you hear about Coddled Critters? _____

Is your cat spayed / neutered? (**REQUIRED**) _____

Where did you get your cat? _____

If adopted, do you have any knowledge of your cats past history? _____

Does your cat like children? YES NO

How does your cat behave around children? _____

Are there other animals in your household? YES NO

If yes, Please list the type, sex and age of each: _____

How does your cat get along with other resident animals? _____

Does your cat prefer males or females to socialize with? (Human or Cat) _____

HEALTH / GROOMING

Does your cat have any allergies or special needs? _____

Has your cat been out of the state in the past 2 weeks? YES NO

If yes, where? _____

Dates traveled? _____

When / where was the last time your cat was around other cats? _____

Does your cat like to be brushed? YES NO

Does your cat have any sensitive areas on his/her body? _____

Where are your cat's favorite petting spots? _____

BEHAVIOR

Does your cat act afraid of any specific items or noises? If so, please explain: _____

How does your cat react to strangers coming into your home or yard? _____

Are there any kinds of people your cat automatically fears or dislikes? _____

How does your cat react to kittens? _____

Has your cat ever shared his/her food other animals? YES NO

Does your cat play with other cats? _____



Health and Temperament Certification

I, _____, hereby certify that my cat(s): _____

_____ are in good health and have not been ill with any communicable condition in the last 30 days.

I further certify that my cat(s) have not harmed or shown aggressive or threatening behavior towards any person or any other cat.

Date: _____

Signature of Guardian: _____



Owner Agreement

I understand that I am solely responsible for any harm caused by my cat(s) while cat(s) is/are attending Coddled Critters, LLC. I further understand and agree that in admitting my cat(s) to Coddled Critters, Coddled Critters representatives have relied on my representation that my cat(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other cat. I further understand and agree that Coddled Critters, LLC and all of its representatives and volunteers, will not be liable for any problems which develop, provided reasonable care and precautions are followed, I hereby release them of any liability of any kind whatsoever arising from my cat(s) attendance and participation at Coddled Critters. I further understand and agree that any problems which develop with my cat(s) will be treated as deemed best by staff and volunteers of Coddled Critters at their sole discretion, and that I assume full financial responsibility for any and all expenses involved. I certify that I have read and understand the policies of Coddled Critters, LLC as set forth on the preceding pages and that I have read and understand the conditions, and statements of this agreement.

Dated: _____

Signature of Guardian: _____

Name(s) of cat(s): _____



Medication Release

I do not hold Coddled Critters or any representatives of Coddled Critters responsible regarding the administering of medication, (of any kind) to my cat while visiting Coddled Critters. I understand that the representatives of Coddled Critters will do their very best to follow the prescribed dosages of medication in a timely manner, however, if there are any consequences associated with the medication or illness, Coddled Critters will not be held responsible.

Signature: _____

Date: _____

Name of Cat Receiving Medication: _____

Medication Name: _____

*Any Side Effects of Medication: _____

Condition Being Treated: _____

Dosage: _____

Special Instructions for Administering Medication: _____

- Examples: nausea, vomiting, drowsiness, hyper-activity, decreased appetite, etc