

**Very Important Pets**  
**Feline Boarding Kennel Agreement**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Cat's Name/s \_\_\_\_\_ Breed/s \_\_\_\_\_  
Birthdate/s \_\_\_\_\_ Age/s \_\_\_\_\_ Main Colour/s \_\_\_\_\_  
Gender/s \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ (Additional may apply to in heat females)  
De-Clawed? Yes \_\_\_\_\_ No \_\_\_\_\_ Fronts \_\_\_\_\_ Backs \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Partner Name/Cell \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Phone Number \_\_\_\_\_  
I am the legal owner of the cat/s described above \_\_\_\_\_  
Emergency Contact (Someone who can pick up your cat/s in the unlikely event this is necessary  
and can help make medical decisions if you can't be reached)  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
I authorize the following people to pick up my cat/s \_\_\_\_\_  
\_\_\_\_\_

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Amount of food in AM \_\_\_\_\_ Amount of food in PM \_\_\_\_\_ Or Free Choice \_\_\_\_\_  
Brand of food \_\_\_\_\_ Special Feeding instructions \_\_\_\_\_  
Does your cat/s have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Please Explain \_\_\_\_\_  
\_\_\_\_\_  
Is/are your cat/s allowed treats other than those provided? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does/do your cat/s have any medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_ Please Explain \_\_\_\_\_  
\_\_\_\_\_  
Does your cat/s require any medications? \_\_\_\_\_  
Does /do your cat/s have any fears such as loud noises? \_\_\_\_\_  
Is/are your cat/s used to being outdoors? Yes \_\_\_\_\_ No \_\_\_\_\_  
We recommend that only cats who are accustomed to being outdoors are allowed outside while  
in out care as it isn't a behaviour we wish to encourage if they are not allowed to do so at home  
Is/are your cat/s allowed outside in our fully enclosed outdoor cat runs? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will your cat/s ingest anything other than food? \_\_\_\_\_  
Does/do your cat/s have any behaviours we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please Explain \_\_\_\_\_  
Are you the first owner of your cat/s or do you have any history we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
Please add any other information that will help us to make your cat's stay more comfortable.  
\_\_\_\_\_  
\_\_\_\_\_

**Please initial to indicate that you have read and understand each point.**

1. I will disclose any previous or current medical issues or concerns of my cat/s and will keep Very Important Pets informed of any changes in my cat's health. \_\_\_\_\_
2. My cat/s is/are current on required vaccines (rabies, FVRCP) is/are free of fleas, ticks, and parasites and has not been ill with any known contagious viruses in the last 30 days. \_\_\_\_\_
3. I agree to allow a 7 day waiting period after my cat/s has had their vaccinations to allow the vaccines to reach full potential and ensure that my cat/s has/have not had any negative reactions to the vaccines. \_\_\_\_\_
4. I understand that while my cat/s is/are fully vaccinated that vaccines are not guaranteed and there is a small risk my cat may contract a contagious disease or illness. I agree that if this should occur I am responsible for my own cat's/s care and medical attention. \_\_\_\_\_
5. If any health issues should occur during my cat/s stay at Very Important Pets we will do our best to contact you however these issues will be treated as deemed best by the staff of Very Important Pets within their sole discretion. \_\_\_\_\_
6. I allow Very Important Pets to contact my veterinarian or another accessible vet clinic as deemed necessary should any injuries or health conditions require medical attention. \_\_\_\_\_
7. I agree that I am solely responsible for any medical expenses acquired for my cat/s and authorize charges up to \$ \_\_\_\_\_. \_\_\_\_\_
8. In the event that I and my emergency contact are not reachable I authorize Very Important Pets, with the guidance of the veterinarian, to make decisions on my behalf. \_\_\_\_\_
9. I release Very Important Pets, it's staff, owners, representatives and agents from any and all liability which I or my cat/s may suffer including but not limited to injury, sickness, damage, running away, theft, fire or death resulting from my cat/s participation in overnight boarding or grooming. \_\_\_\_\_
10. I understand that if my cat/s requires grooming services, my cat/s is/are at risk for skin irritation, shampoo in the eyes, cuts, scratches, cutting of the nail quick etc. \_\_\_\_\_
11. I accept financial and legal responsibility for any damages to the facility caused by my cat/s actions. \_\_\_\_\_
12. Very Important Pets reserves the right to refuse/remove any cat/s from boarding. \_\_\_\_\_
13. I understand that drop off and pick ups must be made during business hours or by pre arranged appointment for an additional fee. \_\_\_\_\_
14. I understand that payment is required upon pick up. \_\_\_\_\_
15. I understand that Very Important Pets reserves the right to charge additional fees for services that are considered over and above the typical care covered by our standard rates. \_\_\_\_\_
16. I understand that in the event of abandonment Very Important Pets will try to contact the owner. If after 2 weeks (written registered notice will be given where possible) the owner is not located, the animal will be placed in a new home, sold or other situation at the kennel owner's discretion \_\_\_\_\_
17. I allow Very Important Pets to use my cat/s picture on their website, Facebook page, Instagram and other materials. Yes \_\_\_\_\_ No \_\_\_\_\_ After my dog goes home \_\_\_\_\_

Signature of Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_  
Very Important Pets \_\_\_\_\_ Date \_\_\_\_\_