



## Muddy Creek Animal Care Center

### Cat Tail Inn Boarding Registration

**Pet's Name:**

**Weight:**

**Feeding Instructions:**

Own Supply (specify brand):

Cat Tail Inn Supply (see attendant for choices):

Cups per meal:

How many times a day: Twice Daily \_\_\_\_\_ Three Times Daily \_\_\_\_\_

When was the last time your cat ate?

Medication Name	Dosage	Frequency

*Please ask Attendant for administration prices. (Injection administration fees may vary)*

**When was the last time your cat had medication?**

#### **DIABETIC CATS ONLY:**

What is your normal routine for feeding and giving insulin when your cat is at home? Does your cat finish his/her meal prior to you injecting? If not, how much is eaten?

*Please be advised that the standard protocol for feeding diabetics is to give their meals at 7:00 am and 7:00 pm. Provided the cat has eaten a sufficient amount of their meal, injections are given at 7:30 am and 7:30 pm (food is left down for the cat to graze if this is what the cat is used to at home).*

My cat receives an insulin injection: Once a day \_\_\_\_\_ Only AM \_\_\_\_\_ Only PM \_\_\_\_\_

Twice a day \_\_\_\_\_

**Other Medical Problems:**

**Has your cat been seen by his/her regular veterinarian in the last 6 months for anything besides a wellness visit?** No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please describe:

**Does your cat have any health issues (i.e. diabetes, arthritis, etc.)?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Does your cat require any special medication or treatment for the above condition(s)?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Has your cat been treated with flea/tick medication within the last 30 days?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please indicate the date the flea/tick medication was applied and the name of the medication:

*Please be advised that if evidence of fleas (live fleas or flea dirt) is found on your cat during its stay, the Cat Tail Inn staff is required to administer oral flea medication as well as topical (if it has been more than 30 days since last treatment) at your expense.*

**Does your cat have any cuts, scrapes, bumps, warts etc. that we should be aware of?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please describe and indicate location:

**Does your cat have any allergies:** No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please describe:

**Seasonal or Food:**

**Do you have any concerns or comments?** No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please describe:

**How often does your cat eliminate?**

**Does your cat have any behavior characteristics we should be aware of (i.e. plays in water dish, vocalizes a lot, or other behavior that is not the result of a medical condition)?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Optional Services:**

*(\$10.50 each for a ½ hour session)*

**TV Time:**

EOD \_\_\_\_\_ Once a day \_\_\_\_\_ Twice a day \_\_\_\_\_ None \_\_\_\_\_

**Sunbathing Time:**

EOD \_\_\_\_\_ Once a day \_\_\_\_\_ Twice a day \_\_\_\_\_ None \_\_\_\_\_

***Cat's Meow Playtime:***

EOD \_\_\_\_\_ Once a day \_\_\_\_\_ Twice a day \_\_\_\_\_ None \_\_\_\_\_

**Fishing Pond Playtime:**

EOD \_\_\_\_\_ Once a day \_\_\_\_\_ Twice a day \_\_\_\_\_ None \_\_\_\_\_

***(\$10.50 each for a 15 minute session)***

**Pounce N Purr Playtime:**

EOD \_\_\_\_\_ Once a day \_\_\_\_\_ Twice a day \_\_\_\_\_ None \_\_\_\_\_

My cat likes to:

Play \_\_\_\_\_ Walk around \_\_\_\_\_ Snuggle \_\_\_\_\_ Other: \_\_\_\_\_

**If your cat does not like the activity you have picked, can we substitute the activity you chose for something else?      Yes \_\_\_\_\_      No \_\_\_\_\_**

**Grooming:** Would you like your pet groomed (or their nails clipped) during their stay with us? If Yes, please schedule an appointment when making the reservation or at the time of check-in.

**Your pet's health and happiness are our primary concern. If the animal attendants notice a medical problem, they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact, they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful, medical decisions regarding your pet's care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.**

**If it seems your cat's well-being may be compromised by the unit they are assigned to, your cat will be moved to a more appropriate unit to better suit their needs. Boarding rates will increase if your cats are boarded together and are separated due to their safety.**

**In the event this should happen would you like your emergency contact notified?**

**Yes \_\_\_\_\_      No \_\_\_\_\_**

Emergency Contact and Number(s):

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date