



Muddy Creek Animal Care Center

Ferret Boarding Registration

Pet's Name:

Weight:

Feeding Instructions:

Own Supply (specify brand):

When was the last time your ferret ate?

Medication Name	Dosage	Frequency

Please ask Attendant for administration prices.

When was the last time your ferret had medication?

Other Medical Problems:

Has your ferret 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 ferret have any health issues? No _____ Yes _____

If yes, please describe:

Has your ferret 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:

Please be advised that if evidence of fleas (live fleas or flea dirt) is found on your ferret 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 ferret have any cuts, scrapes, bumps, warts etc. that we should be aware of?

No _____ Yes _____

If Yes, please describe and indicate location:

Does your ferret 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 ferret eliminate?

Does your ferret 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:

As part of your ferret's stay he/she will be leash walked in CTI. Leash walks will be provided three times a day; once in the am, at noon then in the evening.

Your pet's health and happiness is 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 pets care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.

Emergency Contact and Number(s):

Signature

Date

Client



**Muddy Creek
Animal Care Center**

**2014 Consent to Treat Form – Boarding Ferret
Social Media Form Release**

Pet Name:

Name:

Address:

Home Phone:

We would like to know how to proceed if your pet develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your pet's comfort and his/her ability to receive rapid medical treatment should problems occur. Muddy Creek does not provide veterinary services for ferrets at this time. Therefore your pet will be transported to another facility should medical services be required.

Common Boarding Ailments

No stool production	Lethargy	Persistent lack of appetite	Salivation
Stress colitis (diarrhea)	Persistent vomiting	Seizures	

Muddy Creek Animal Care Center will transport my pet for the above conditions or any urgent medical issue (as deemed by our boarding staff), should they occur. I realize that Muddy Creek does not provide veterinary services for ferrets. I assume full financial responsibility for medical services provided. A Muddy Creek attendant will transport a pet to a veterinary office located within ten miles of Muddy Creek.

Please select from one of the following options:

Should medical services be required:

_____ I would prefer that my pet's veterinarian office be contacted first and my pet is taken there for medical services. In the event the office is unreachable, I realize my pet will be taken to Bulger Veterinary Hospital. My veterinary office is aware should medical care be required Muddy Creek will be taking my pet(s) to their office. I will plan on settling charges with my veterinarian office upon my return.

My Veterinary office: _____

Address: _____

City/Town: _____ State _____

Telephone# _____

_____ In the event medical care is required for my pet; I would prefer my pet be taken directly to Bulger Veterinary Hospital.

The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics and treatments provided.

Please select whether you approve or decline to give us permission to use your pet's photos as outlined below:

Approve use **Decline use**

I hereby give Vetcor and Muddy Creek Animal Care Center permission to use photographs of my pet, on Facebook and other social media applications. I also grant permission for Vetcor to publish photographs of my pet for promotion of the organization in printed publications, photographic displays on the Vetcor web-site.

Client Signature: _____

Date: _____



Date:

Pet Name:

Account Number:

Client:

Address:

Home Phone:

All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.

Each animal is insured up to \$2,000. Each occurrence is insured up to \$50,000.

If an animal becomes seriously ill, we will attempt to notify the owner or emergency contact person. In the event the owner does not immediately inform us of desired measures to be taken, or if the state of the animal's health demands immediate action, we reserve the right to have our veterinarians or those within the VetCor network of hospitals administer necessary medical treatments within our discretion or judgment. Such expenses shall be paid for by the owner upon dismissal of the animal.

Some exotic pets are considered prey animals and may become extremely stressed in a boarding environment. Although rare, such stress can lead to death in exotic pets. I understand and assume the risk associated with boarding exotic pets. If an animal is not picked up within 30 days after the scheduled discharge date, it will be disposed of by us as we see fit. Notice in writing of such intent will be mailed to the owner by registered mail at the address given hereon. The owner shall be held liable for all charges.

We are not responsible for the loss or damage of any belongings, such as blankets or toys that are brought in with the animal.

The owner represents that he/she is the legal owner of said animal and that said animal is not mortgaged in any way. The above mentioned animal(s) has/ have not been exposed to distemper, parvo virus, rabies or kennel cough within the last 30 days.

I have read and been advised of common boarding ailments that may occur during boarding. I understand these protocols and the measures that will be taken should my pet become ill. I agree to pay all associated fees that may incur due to medical treatment provided by Muddy Creek Animal Care Center and/or Bulger Veterinary Hospital upon dismissal of my pet.

Client Signature: _____ Date: _____
(owner or appointed guardian of animal)

This contract is legally binding and will be a part of the animal's permanent record.