



# 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:**

*(\$7.00 each for a 1/2 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 \_\_\_\_\_

**(\$7.00 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 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.**

**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



**Muddy Creek  
Animal Care Center**

**Boarding Contract**

**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



**Consent to Treat Form – Boarding Feline and Social Media Form**

**Account Number:**  
**Pet Name:**  
**Name:**  
**Address:**  
**Home Phone:**

We would like to know how to proceed if your cat develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your cat's comfort and his/her ability to receive rapid medical treatment should problems occur. The common boarding ailments below describe what initial measures are taken by the staff to remedy the problem. Should your cat not respond to these initial measures, further treatment may be warranted.

**Common Boarding Ailments**

**Initial measures taken for these ailments**

|                                      |  |
|--------------------------------------|--|
| No stool production                  | Evaluation by technician; lubricant, laxative (Laxatone)                               |
| Persistent vomiting                  | Switch to a bland diet   |
| Persistent lack of appetite<br>No___ | Provide a varied buffet to stimulate appetite. My feline's diet can be altered. Yes___ |
| Stress colitis (diarrhea)            | Switch to a bland diet; remove wet food; fecal analysis                                |

**Please select from one of the following options:**

I give consent to have Muddy Creek take initial measures to treat my pet for these conditions should they occur:

\_\_\_\_\_ I give my permission to have Muddy Creek take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff), should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I do not need to be contacted first.

\_\_\_\_\_ I give my permission to have Muddy Creek take initial measures to treat my pet for the above conditions or another urgent medical issue (as deemed by our medical staff), should they occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I would like to be contacted first.

\_\_\_\_\_ I would like to be contacted before any measures are taken to treat my pet for any condition, including the ones listed above. I understand that if neither I nor my emergency contact is reachable, or if my emergency contact does not give permission to treat until I am reached, Muddy Creek will take the necessary steps to stabilize my pet and alleviate pain and discomfort until I am contacted.

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.

Does your feline have any known drug or food allergies/ reactions? Yes\_\_\_ No\_\_\_.

If "yes", please indicate suspect drugs or foods: \_\_\_\_\_

**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: \_\_\_\_\_