



**Kitten Around Cat Boarding**  
**20 W. Main Street**  
**Macedon, NY 14502**  
KACBMacedon.com  
melinda@KACBMacedon.com  
**(585) 216-7189**

Requested Boarding Dates  
FROM:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

TO:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

By appointment only  
8am - 11:30am & 6pm - 8pm

Client Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Okay to text you? yes/no Okay to send photos? yes/no

1st Alternate: ( ) \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_

2nd Alternate: ( ) \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_

☆ You must notify your veterinarian's office directly that your cat will be staying at Kitten Around  
Veterinarian Office/Name: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Check if veterinarian is to be used as emergency contact.

Feline Name: \_\_\_\_\_ Birth date or Age: \_\_\_\_\_

Sex: \_\_\_ Neutered Male \_\_\_ Intact Male \_\_\_ Spayed Female \_\_\_ Intact Female

Color/Markings/Breed: \_\_\_\_\_ Goes outside? yes/no Date of last flea meds \_\_\_\_\_

Flea medication is not required but is recommended as other guests may be at higher risk than yours and there are some areas of Kitten Around where the cats take turns playing in. If parasites are found on any cat they will be treated at their owner's expense.

Can your cat jump to height of bed/couch? Y / N

Is your cat stable walking? Y / N

What kind of litter pan/litter do you use? \_\_\_\_\_

Please list any medical problems, drug reactions, or allergies: \_\_\_\_\_

Please list all medications or supplements to be given, their dosage, frequency and when last given:

| Drug/Supplement Name | Dosage | How Administered | Frequency | Last Given |
|----------------------|--------|------------------|-----------|------------|
|                      |        |                  |           |            |
|                      |        |                  |           |            |
|                      |        |                  |           |            |
|                      |        |                  |           |            |

Food Brand / Flavor: \_\_\_\_\_

Feeding schedule including dry/canned & quantity \_\_\_\_\_

Name \_\_\_\_\_

Please list any items brought with you today including carriers: \_\_\_\_\_

Special Notes: \_\_\_\_\_

| Vaccine Name                 | Date Administered | Date Expired | Where Administered | OK |
|------------------------------|-------------------|--------------|--------------------|----|
| Rabies                       |                   |              |                    |    |
| Leukemia <i>outdoor cats</i> |                   |              |                    |    |
| FVRCP                        |                   |              |                    |    |

### REQUIREMENTS FOR BOARDING

1. OWNER MUST CONTACT THEIR VETERINARIAN TO MAKE THEM AWARE THAT Kitten Around Cat Boarding LLC IS IN CARE OF THE ABOVE FELINE AND HAS PERMISSION TO OBTAIN MEDICAL & CARE INFORMATION.
2. All feline(s) must be current on all vaccinations. Documentation from a veterinarian is required.
3. All feline(s) must be free of communicable diseases and external parasites (ex. ticks, fleas, ring worm etc.) or they will be treated at owner's expense.
4. Kitten Around Cat Boarding LLC has my permission, after making reasonable attempts to contact me and the emergency contact, to transport sick or injured feline(s) to my vet, Cats Exclusively Veterinary Hospital, Macedon Veterinary Care or Animal Emergency Services as they see fit and at owners expense. I agree to indemnify, defend, and hold Kitten Around Cat Boarding LLC, its employees, members and agents, harmless from and against any and all loss, cost, expense, claim, damage or liability or responsibility arising from such emergency veterinary treatment.
5. Kitten Around Cat Boarding LLC ( \_\_\_\_ has my / \_\_\_\_ does not have ) permission to post/use pictures of my feline(s) on social media sites.
6. I agree to pay all costs and charges for boarding fees, all required flea treatments and all veterinary costs for the feline(s) during the period said feline(s) are in the care of Kitten Around Cat Boarding LLC.
7. I have provided a driver's license or other form of proof of address for Kitten Around Cat Boarding LLC to photocopy.
8. In the event you do not pick up your feline(s) on the scheduled departure date, you hereby authorize us to continue to provide our services according to this Agreement. You understand that a feline(s) left for ten days beyond the estimated date of departure will be considered abandoned.
9. Your feline(s) may come in contact with other feline(s) at our facility. You realize, acknowledge and agree that in the unlikely event your feline(s) is injured by another feline, you will not hold us responsible for the injury. Also, if your feline injures another feline, you acknowledge that you will be solely responsible for any injury to either or both feline(s). All feline(s) coming into the Kitten Around Cat Boarding LLC facility are required to be vaccinated. It is however still possible for a feline to become ill, even if vaccinated. We agree to exercise all due and reasonable care to prevent injury or illness to your feline. In the event of illness or injury, Kitten Around Cat Boarding LLC and its employees shall not be held liable for such injury or illness.
10. Kitten Around Cat Boarding LLC is not responsible for the loss or damage of any item brought in with your feline(s).
11. By signing this agreement and leaving your feline(s) with Kitten Around Cat Boarding LLC, you represent that you are the rightful and legal owner of the above-named feline(s). All of the information about you & your feline(s) in this Agreement is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Where did you first hear about Kitten Around? \_\_\_\_\_