

CAT BOARDING AGREEMENT



Client Name: _____

of Nights _____

Pet Name(s): _____

Date of drop-off: _____

Contact Phone Number: _____

Date of pick-up: _____

KITTY KONDO OPTIONS

Includes two litter box cleanings per day, care by the kennel staff, and Hill's Sensitive Skin and Stomach food.

___ **Standard Kondo** \$19.85 per night

___ **XL Kondo (28 sq ft)** \$26.85 per night

___ **Standard Kondo Additional Cat** \$16.96 per Night

___ **XL Kondo Additional Cat** \$20.85 per night

KITTY KONDO ADD-ONS

___ **Quality Playtime** \$5.00 a day

___ **Medication Admin** \$4.50 a day

___ **Nail Trim** \$28.00

___ **Injectable Admin** \$6.00 a day

___ *I acknowledge that Sunday pick up is \$12.00 and is only available at 5:30PM, and charges must be paid in full at time of drop-off.*

VACCINATIONS

*All boarded pets are legally required to have proof of being current on Rabies, Bordetella, and Distemper vaccines through their boarding dates. In the event that a pet is not current, we do offer these vaccinations via Front Range Veterinary Clinic for the following prices.

___ **Exam fee** \$49.50

___ **Rabies 3y Vaccine** \$19.50

___ **Rabies 1y Vaccine** \$27.50

___ **Distemper Vaccine** \$19.50

___ **FeLV / FIV test** \$60.00

___ **FeLV vaccine** \$27.50

___ **Fecal parasite check** \$33.56

___ *I hereby authorize Front Range Veterinary Clinic to perform a physical examination and vaccinate my pet(s) with the above vaccinations. I understand that these vaccines are necessary for the well-being of my pet and the other animals in FRVC's facility. The physical examination is required before any vaccinations are given. These charges are in addition to the cost of the boarding stay.*

FEEDING INSTRUCTIONS: (Check One)

___ **Own food** ___ **Kennel food**

Quantity fed per meal: _____

How often fed per day: _____

MEDICATION INFORMATION: (Check one)

☐ My pet is NOT on medications ☐ My pet IS on medications

If non-prescription supplements and/or medication(s) are provided, the owner has given us permission to administer by signing below.

MEDICATION	AMOUNT	FREQUENCY

CONSENT FOR TREATMENT: (Check one)

☐ I GIVE permission for Front Range Veterinary Clinic to examine and treat my pet(s), should it be considered necessary by the veterinarian. Maximum acceptable dollar amount without being able to contact me first: \$_____

☐ I DO NOT give permission to examine/treat my pets while boarding. I would like to be contacted first. I understand that, if necessary, Front Range Veterinary Clinic will perform only emergency or life saving measures until contact is made, and I accept responsibility for these services, if necessary.

Other Special Instructions:

Please List Belongings Brought With a Short Description. (Example: Red Lead, Green Collar, Tan Bed.)

I agree and accept to the boarding terms. I understand that payment of half of the estimated boarding charges will be paid upon drop off with the remainder due in full at the time of departure.

Signature: _____ Date: _____

Phone number(s) where you can be reached: _____



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