

ALL CAT CLINIC

3998 S. Broadway
Englewood CO 80113
303-781-8540

BOARDING RELEASE FORM

Today's Date: _____ Date you will pick up your cat: _____

Owner's Name: _____

Owner's Address: _____
Street Apt # City State Zip

Home Phone: _____ EMERGENCY PHONE: _____

CAT'S NAME (S): _____

CAT'S DESCRIPTION: _____

1. I am the owner/agent for the above animal and request that the All Cat Clinic (ACC) provide **boarding and noted special services** below.
2. I understand that my cat must be current on all vaccinations (Rabies and Distemper) to be boarded, and I will be responsible for these costs if not current.
3. I accept financial responsibility for any costs of treatment should my cat become ill or need **emergency care** if I cannot be reached. I give permission for Dr. Elsey or any Doctor, Specialist, or Hospital of his choice to treat my cat in the event of an illness or emergency.
4. I understand that the ACC will exercise **all reasonable caution** with my cat and if death should occur due to unavoidable illness or accident, I will not hold them responsible.
5. If the cat is not claimed within ten (10) days of the scheduled release date and ACC is not notified with a reason, it will be considered **abandoned**. A notice of abandonment will be sent to the last known address by registered mail, return receipt requested, and if there is no response within ten (10) additional days, the cat will be disposed of as ACC deems appropriate. The owner/agent will remain responsible for all costs, including legal fees.

Pricing:

- *Regular cage (under 9 pounds) - \$12.50 per night
- *Regular cage on meds (under 9 pounds) - \$22.50 per night
- *Condo cage (any size) - \$18.50 per night
- *Condo cage on meds (any size) - \$28.50 per night

AFTER CAREFULLY READING THE ABOVE, I HAVE SIGNED IN AGREEMENT.

DATE: _____/_____/_____

SIGNATURE: _____

SPECIAL SERVICES (special feeding instructions, medications, etc.) _____

