

# 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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

CAT'S NAME (S): \_\_\_\_\_

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 any Doctor, Specialist, or Hospital of their 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. I also understand that if my cat were to become deceased in the care of the ACC, they will hold the body until I return to determine what type of body care I choose.
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.

☐ I authorize All Cat Clinic to administer an appetite stimulant if my cat is not eating (\$10/day)

### Pricing:

\*Condo Cage - \$30 per night

\*Condo Cage on once a day meds - \$35 per night

\*Condo Cage on twice a day meds - \$45 per night

### Additional Services (circle one)

\*Rabies \$30 yes/no

\*FVRCP \$29 yes/no

\*Nail Trim \$22 yes/no

\*Exam \$70 yes/no

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

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

SPECIAL SERVICES (special feeding instructions, medications, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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