

CAVY CARE INC BOARDING FORM

Today's Date: _____ Intended Pick Up Date: _____ Time: _____

Name of Owner: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Cellphone Number: _____

Email: _____

PET INFORMATION

Name of Pet: _____ Species: _____ Breed: _____

Color: _____ Sex: M/F Age: _____

Name of Pet: _____ Species: _____ Breed: _____

Color: _____ Sex: M/F Age: _____

VACATION INFORMATION

List where you will be staying _____ Number: _____

Are you accessible by phone? _____

EMERGENCY CONTACT

Name: _____ Number-Cell/Landline? _____

Is this person allowed to act on your behalf in case of a crisis with this pet? **Y/N** Initials: _____

BOARDING RATES

_____ Initials: **Ferret Package** \$10.00 per-day: owner provides food. CCI PINE pelleted bedding in box and exercise.

_____ Initials: **Ferret Party Package** \$17.00 per-day: CCI provides food, PINE pelleted bedding in box and exercise.

_____ Initials: Brand of food _____ or use shelter's lab diet _____

HALF DEPOSIT

New clients will pay half of the total boarding stay up-front and the other half when picking up. Initials: _____

- CCI does not charge for the day of drop-off or the day of pick-up after seven day stay.
- **If owner does not call and runs fifteen minutes late after set appointment. CCI will charge a \$10 for a missed pick-up appointment.**
- For stays over 30 days, you will get 10% off the total amount charged.
- For stays over 60 days, you will get 20% off the total amount charged.
- For stays over 90 days, you will get 30% off the total amount charged.

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EMERGENCY MEDICAL CARE CHARGING

_____ **Initials:** If your pet arrives with a medical condition discovered at time of drop-off or is later found to have an illness, you will be charged \$30.00 per day. If your pet needs to take medication while staying with CCI. Owner must provide veterinarian paperwork of medication, veterinarian contact information in case of an emergency and owner will be charged \$30.00 per day.

CCI will take the utmost care of your pet. However, due to the unpredictability of pets, CCI cannot be responsible for any mishaps of any nature (i.e. biting, accidental/natural death, etc.).

_____ **Initials:** If for some reason your pet should become ill while in CCI's care, he/she will be taken to your veterinarian as listed on this form. If your veterinarian is unavailable, we will take your pet to Homestead Animal Hospital, Smoky Hill Veterinary Clinic and for afterhours Aurora Animal Hospital. **OWNER IS RESPONSIBLE FINANCIALLY FOR ALL CHARGES INCURRED AT THE VETERINARIANS FOR PROPER CARE OF THEIR PET. All charges are to be paid at time of pick-up.**

_____ **Initials:** Should your pet pass away while in our care we will hold the body for pickup or for a necropsy as per the determination of the owner.

Signature of Owner: _____

Special instructions: _____

PLEASE CALL US IF YOUR RETURN IS DELAYED

_____ **Initials:** **Pets left after seven days from the date of scheduled pick-up will be considered abandoned. You will NOT be given any other notice.**

_____ **Initials:** Your pet will be placed for adoption on the eight day after scheduled pick-up if they are a guinea pig. If they are any other kind of pet they will immediately be taken to another shelter on the eight day...all of which are Kill-Shelters and they will be turned over to them. A shelter can and will **euthanize** any animal it deems unfit or unadoptable and can do so in the first hour of transfer.

_____ **Initials:** Former Owners will be responsible for any boarding fees incurred, veterinarian fees incurred, legal or attorney fees, filing fees that may be incurred to secure repayment for services provided. There is a \$30 check charge for returned checks.

I hereby certify that I am the owner of record of this animal. I have read this agreement of (2 pages) and I understand that the contents of this agreement.

Boarding hours are 10:00am to 6:00pm. Outside hours there is a \$25 charge. Initials: _____

Signature: _____ Date: _____