



# Cat Intake Form

Parent(s) Name(s):
Cat(s) Name:
Does your cat have any existing or prior medical conditions? If so, please explain in detail.
Does your cat have any allergies?
Has your cat ever exhibited the following behaviors? <i>Please answer honestly to allow us to provide the best possible care for your pet during their stay.</i> <input type="checkbox"/> Escaping or attempting to escape confined spaces, such as kennels, crates, fenced in areas, etc. <input type="checkbox"/> Hiding tendencies <input type="checkbox"/> Destruction of walls or furniture items <input type="checkbox"/> Excessive chewing or destruction of toys <input type="checkbox"/> Aggression towards strangers (“stranger danger”) <input type="checkbox"/> Biting another animal <input type="checkbox"/> Biting a human <input type="checkbox"/> Other, explain: _____
If you answered yes to any of the above, please explain in detail:
Is your cat declawed?
What is your cat’s typical elimination schedule/amount per day?
Does your cat have problems with hairballs?
Does your cat use special litter?
Does your cat have any UTI issues?
What is your cats normal amount of physical activity per day?
Does your cat ever go outside or is it an indoor-only cat?
Can your cat have catnip? Have they had any negative reactions in the past?
Can your cat have tuna?

Reservation Specialist \_\_\_\_\_



## Cat Intake Form

Who is your current Veterinarian? \_\_\_\_\_

**LOCAL** Emergency Contact if we cannot reach you in the event of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_ (Initial) I confirm the above information is accurate and complete. I understand that by receiving services from Bay Paws Pet Resort I am assuming all responsibility and liability for my pet during their stay. I understand that no amount of cleaning or sanitation can prevent all airborne viruses or intestinal parasites. Abrasions, lacerations, insect stings, and puncture wounds are possible and may occur during Boarding. Bay Paws Pet Resort will not be held liable for injuries or illness, loss of life or loss of pet during Boarding and/or Daycare. Bay Paws Pet Resort reserves the right to dismiss any pet from Boarding and/or Daycare for the safety of all pets and associates without notice.

\_\_\_\_ (Initial) Vaccination Confirmation: I have confirmed with my veterinarian, and provided copies of my pet's vaccination records, that my pet is vaccinated for FVRCP, Feline Leukemia & Rabies, and is current on flea prevention.

\_\_\_\_ (Initial) Pet Photo Release: I grant permission to Bay Paws Pet Resort, its legal representatives and assigns, and those acting with its permission, or its employees, the permission to take photographs of my pet and use them for any legal purpose, including but not limited to printed marketing materials and social media, without payment or any other consideration. I understand and agree that these materials will become company property and will not be returned. I hereby authorize the company to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing its programs or for any other lawful purpose.

\_\_\_\_ (Initial) Emergency Treatment Release: *(required by Blue Pearl for emergency treatment)* If in the unexpected event a serious and life-threatening injury occurs that requires immediate veterinary care, Bay Paws Pet Resort will obtain care at Blue Pearl Emergency Hospital, covering the initial \$200.00 of needed emergency care. I give consent to Bay Paws Pet Resort to make decisions regarding the health of my pet, including but not limited to sedation, essential medical care, suturing and euthanasia as recommended by attending DVM. I have authorized Bay Paws Pet Resort to make financial decisions up to \$\_\_\_\_\_ or unlimited amount without additional consent and understand I will be responsible for this payment to Blue Pearl.

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Pet Parent(s) Name

Pet(s) Name

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Signature

Date

Reservation Specialist \_\_\_\_\_