

Application

Date:				

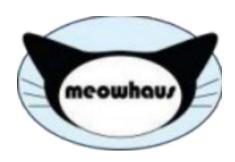
We must have proof of up-to-date vaccinations on file. All cats must be flea free before boarding

Name:	Partner:				
Address:					
City:	State:	Zip:			
Best Phone Number to Co	ontact You:				
E-mail-address:					
Emergency Contact Name	e and Number (other than you, your spo	use, or someone traveling with you):			
Who else has permission	to pick up your cat from us? Name/phoi	ne:			
How did you hear about i	meowhaus?				
VETERINARIAN INFORMA	ATION				
Hospital:					
City:	State:	Zip:			
Phone:					

In case of Emergencies, your cat will be brought to your vet or the closest open hospital. Please provide proof of current Rabies and Feline Distemper (FVRCP) vaccines or a doctor's note of exemption. All cats must receive flea treatment before arrival in order to safeguard everyone. If your cat has not received a flea treatment, a one-time dosage of Frontline/Advantage will be applied at a cost of \$25.

CAT INFORMATION

#1 Cat Name:	Weight:		
Birthday:/ Breed: Any previous illnesses, surgeries, pre-existing			
#2 Cat Name:			
Birthday:/ Breed:	Color(s):	Sex:	
Any previous illnesses, surgeries, pre-existing	g medical conditions, medications? If	f so, please describe.	
#3 Cat Name:	Weight		
Birthday:/ Breed:			
Any previous illnesses, surgeries, pre-existing			
COMMENTS			
Please list anything you'd like us to know ab	oout our future guest(s) below.		



Cat Check- In

Owner Name:		Cat Name(s):		
Arrives:	Time:	Departs:	Time:	
				
		dress):	En	nergency
Will you be out of the cou	ntry? Y N			
Unreachable by phone? Y	N			
			re of?	
Cat #1 Expiration of FVRCF	vaccination:/	/ Expiration of Ra	abies vaccination://	Cat
#2 Expiration of FVRCP vac	ccination:/	/ Expiration of Rabies	s vaccination://	Date of
last flea treatment:	// Type/r	name:		
ALL CATS must receive flea treati dosage of Frontline/Advantage v			fyour cat has not received a flea treatment,	a one time
FEEDING INSTRUCTIONS				
Cat food brand name:				
How many meals per day?	Has your	cat eaten today? Y N If yes, ir	n the AM PM or BOTH How much do	you
feed your cat at each meal	?			I
your cat runs out of food, o	can we give our hous	e sensitive-stomach dry food	? Y N	'
If your pet is not eating, w	hat do you recomme	end as an additional option? _		
MEDICATIONS (Medicatio	ns are administered	at approximately 9am and 5	pm.)	
Medication name:			Given today? Y N	
Directions:				
ADDITIONAL SERVICES				
Treats - Fish flakes · Catnip	· Greenies · Churrus	Okay to treat? Y N		
Email picture and Status up	odate - \$5 each M T \	W Th F S		
Catnip mouse toy - \$5 ea Y	N			
If receiving updates, please	e print your e-mail ad	ldress or phone #		
GROOMING Nails (\$25): Y I	N Bath (\$45-60): Y N	Soft Paws (\$45) Y N		
(γ = -)	(\$ 15 00). The	σοισι απο (φ.ιο)		

Prices are based on a per night basis. Check-in time is between 2pm and 4:30pm Mon – Sat. Check-out time is between 9am and 11:30 pm Mon - Sat. Early check- in or late check out can often be accommodated for a \$20 fee. These times are in consideration of our guests, allowing them to enjoy their meals uninterrupted and to allow our staff the opportunity to provide cleaning services. Customer Service Agreement, Waiver Of Liability, and Emergency Veterinary Care. This is an agreement between MEOWHAUS LLC and the Owner whose name is _______ (the "Cat"). the cat(s) named By signing below, in consideration of the services rendered and products provided by MEOWHAUS to the Cat, Owner acknowledges reading and understanding and accepting the terms and conditions herein. Waiver of Liability: Owner understands that the provision of boarding and grooming and related services involve risk and possible injury to Cat, including but not limited to exposure to parasites, bacteria, viruses, and other medical conditions passed from cat to cat and from people to cat, sprains, strains, bites, broken bones, fatigue, diarrhea, dehydration, inappetence, nicks, cuts, and even the death of the cat. As a result, Owner hereby voluntarily releases, forever discharges and agrees to hold harmless and indemnifies MEOWHAUS, it's owners, agents, employees, successors and heirs, from any and all liability, claims, demands, actions, or rights of action, which are or may be related to, arise out of, or are in any way connected to the provision of service and products to Cat by MEOWHAUS, including those which may be allegedly attributable to the negligent acts of MEOWHAUS owners, agents or employees. Representations of Owner: Owner hereby represents and warrants that Cat has not been exposed to any contagious diseases within the thirty (30) days prior to the Cats arrival at MEOWHAUS, and that Cat is in good health and that Cat has had the vaccinations required. Owner also agrees to disclose any allergies, conditions, special medications, or the like which Cat requires and which could affect the provision of boarding and grooming and related products and services. Finally, Owner represents that Cat is not aggressive and that Cat does not have a history biting people or other animals. Governing Law; Jurisdiction; Venue: This agreement shall be governed by and interpreted in accordance with the laws of the state of Oregon without reference to its choice of law principals. Each party hereby irrevocably consents to the jurisdiction and venue of the courts of the State of Oregon, Multnomah County, or the United States District Court for the District of Oregon, and all applicable appellate courts, in connection with any action to interpret or enforce, or otherwise arising out of or relating to, this Agreement. **Emergency Veterinary Care (select one and initial):** Meowhaus, its associates, and my emergency contact are authorized a maximum of \$_____ used towards my pets' care in the event of emergency veterinary care costs, and I agree to pay this amount. Initial here: _____ Meowhaus, its associates, and my emergency contact are authorized any amount to be used towards my pets' care in the event of emergency veterinary care costs, and I agree to pay the amount. Initial here: _____ If you have any additional requirements for emergency veterinary care, please add them on the back of this sheet. Accepted and agreed to:

Owner Signature _____