



Date: _____

Application

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 Contact You: _____

E-mail-address: _____

Emergency Contact Name and Number (other than you, your spouse, or someone traveling with you):

Who else has permission to pick up your cat from us? Name/phone: _____

How did you hear about meowhaus? _____

VETERINARIAN INFORMATION

Hospital: _____

Name: _____

Address: _____

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: _____ Color(s): _____ Sex: _____

Any previous illnesses, surgeries, pre-existing medical conditions, medications? If so, please describe.

#2 Cat Name: _____ Weight: _____

Birthday: ____/____/____ Breed: _____ Color(s): _____ Sex: _____

Any previous illnesses, surgeries, pre-existing medical conditions, medications? If so, please describe.

#3 Cat Name: _____ Weight: _____

Birthday: ____/____/____ Breed: _____ Color(s): _____ Sex: _____

Any previous illnesses, surgeries, pre-existing medical conditions, medications? If so, please describe.

COMMENTS

Please list anything you'd like us to know about our future guest(s) below.



Cat Check- In

Owner Name: _____ Cat Name(s): _____
Arrives: _____ Time: _____ Departs: _____ Time: _____
Veterinary Clinic or Hospital Name: _____
Best method to reach you (phone or e-mail address): _____ Emergency
contact name and phone (other than you): _____

Will you be out of the country? Y N

Unreachable by phone? Y N

Does your cat have any allergies/injuries at this time that we should be aware of? _____

Cat #1 Expiration of FVRCP vaccination: ____/____/____ Expiration of Rabies vaccination: ____/____/____ Cat

#2 Expiration of FVRCP vaccination: ____/____/____ Expiration of Rabies vaccination: ____/____/____ Date of
last flea treatment: ____/____/____ Type/name: _____

ALL CATS must receive flea treatment before or upon 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.

FEEDING INSTRUCTIONS

Cat food brand name: _____

How many meals per day? _____ Has your cat eaten today? Y N If yes, in the AM PM or BOTH How much do you
feed your cat at each meal? _____

_____ If
your cat runs out of food, can we give our house sensitive-stomach dry food? Y N

If your pet is not eating, what do you recommend as an additional option? _____

MEDICATIONS (Medications are administered at approximately 9am and 5pm.)

Medication name: _____ Given today? Y N

Directions: _____

ADDITIONAL SERVICES

Treats - Fish flakes · Catnip · Greenies · Churros Okay to treat? Y N

Email picture and Status update - \$5 each M T W Th F S

Catnip mouse toy - \$5 ea Y N

If receiving updates, please print your e-mail address or phone # _____

GROOMING Nails (\$25): Y N Bath (\$45-60): Y N Soft Paws (\$45) Y N

Notes to the groomer: _____

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 _____ of the cat(s) named _____ (the "Cat").

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 \$_____ to be 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 _____ Date _____