

**CAT BOARDING CONTRACT**

*This form must be completed for each boarding reservation.*



100 Animal Avenue  
Sanford, NC 27330  
919-776-0076  
raezorgbd.office@gmail.com

**A NON-REFUNDABLE DEPOSIT IS REQUIRED TO BOOK A RESERVATION.**

**CHECK-OUT TIME IS BY 2:00 P.M. CHECK-OUTS AFTER 2:00 P.M. WILL BE CHARGED A LATE FEE.**

**EXCEPTIONS TO WAIVE THE AFTER 2:00 P.M. CHECK-OUT FEE**

- SATURDAY/SUNDAY CHECK-OUT ..... 3:00 P.M. ON THE DOT  
ALL WEEKEND CHECK-OUTS MUST PREPAY AT CHECK-IN. PLEASE HAVE YOUR PAYMENT READY AT CHECK-IN.

**ARRIVAL TIMES FOR NEW CLIENTS**

- MONDAY – FRIDAY ..... 7:00 A.M. – 2:00 P.M.
- SATURDAY/SUNDAY CHECK-IN IS **NOT** AVAILABLE FOR NEW CLIENTS.

**ARRIVAL TIMES FOR EXISTING CLIENTS**

- MONDAY – FRIDAY ..... 7:00 A.M. – 4:00 P.M.
- SATURDAY – SUNDAY ..... 8:00 A.M. – 9:00 A.M.

ARRIVAL DATE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

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

**SPECIAL NOTES ABOUT YOUR CAT(S)**

INFORM US OF ANYTHING IMPORTANT WE SHOULD KNOW ABOUT YOUR CAT(S). EXAMPLES: AGGRESSIVE, FOOD ALLERGIES, EATING HABITS (GRAZES, HUNGER STRIKES, ETC.), NEEDS SLOW FEEDER (EATS TOO QUICKLY), NEEDS ELEVATED FEEDER, SCARED OF METAL BOWLS, PRE-EXISTING INJURIES/CONDITIONS, SENSITIVITIES, DEAF, BLIND, ETC.

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EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO OWNER: \_\_\_\_\_

EMERGENCY CONTACTS MUST LIVE LOCALLY AND BE ABLE TO PICK UP YOUR PET AND/OR ACT ON YOUR BEHALF IN CASE OF AN EMERGENCY. IF POSSIBLE, PLEASE LIST SOMEONE OTHER THAN YOURSELF.

**FOOD SOURCE**

- I WILL PROVIDE MY **OWN FOOD** FOR MY CAT(S).

ALL FOOD MUST BE PRE-BAGGED OR PLACED IN AN AIRTIGHT CONTAINER. WE PREFER THAT EACH MEAL BE PRE-BAGGED. IF YOUR CAT'S FOOD IS NOT PRE-BAGGED OR IN AN AIRTIGHT CONTAINER, YOU WILL BE CHARGED A FOOD STORAGE FEE.

- THE FACILITY WILL PROVIDE **PURINA PRO PLAN VETERINARY DIETS EN GASTROENTERIC FELINE FORMULA** FOR MY CAT(S).

FEEES WILL BE DETERMINED BY GUEST SIZE/APPROPRIATE AMOUNT OF FOOD.

**FEEDING SCHEDULE**

- BREAKFAST
- LUNCH
- DINNER
- ONLY REFILL FOOD BOWL AS NEEDED (FREE FEED/GRAZE)

**AMOUNT OF FOOD GIVEN AT EACH MEAL**

SPECIFY THE EXACT AMOUNT OF FOOD AND THE UNIT OF MEASUREMENT USED FOR EACH MEAL (BAG, CUP, SCOOP, CAN). MULTIPLE CATS WILL NOT BE ALLOWED TO SHARE A FEEDING BOWL; INDICATE THE EXACT AMOUNT OF FOOD WE SHOULD PLACE IN EACH CAT'S FEEDING BOWL.

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IS EACH MEAL PRE-BAGGED FOR EACH CAT? (IS EACH CAT FED 1 FULL BAG AT EACH MEAL?)  YES  NO

**ADDITIONAL SERVICES**

*Clients will be billed for each additional service selected below.*

- PLAYTIME.....BILLED WEEKLY PER CAT  
*Playtime with other cats in small groups. Playtime is a recurring charge billed for each pet on the first night of boarding, then again every seventh night for the duration of your reservation.*
- ENRICHMENT.....BILLED WEEKLY PER CAT  
*One-on-one games/activities without other cats. Enrichment is a recurring charge billed for each pet on the first night of boarding, then again every seventh night for the duration of your reservation.*

**MEDICAL/EMERGENCY CARE:** I certify that my pet(s) is/are in good health as of the time of drop-off for boarding at Rae-Zor Grooming, Boarding & Daycare (RGBD). In the event of an emergency, RGBD will attempt to contact the owner and the emergency contact(s) identified in this record. Should my pet require medical attention while boarding, I authorize RGBD to arrange any medical care needed at their discretion. I further give my permission for RGBD to transport my pet to All Animals Veterinary Hospital (AAVH) and return my pet from AAVH to RGBD premises unless an emergency contact is available to transport my pet. Should after-hours emergency medical care be warranted, I authorize RGBD management to transport my pet to any of the emergency veterinary clinics listed unless an emergency contact is available to transport my pet. I understand that I am responsible for all fees that accompany any medical attention and/or emergency care.

**VACCINATION/EXAMINATION REQUIREMENTS:** Rabies, Distemper (FVRCP), and **Negative** Fecal Exam (Intestinal Parasite Screening). Your cat(s) must be up to date on all required vaccinations/examinations **no later than seven (7) days prior to check-in**. Owners are responsible for providing us a copy of your most recent vaccination records.

**EMERGENCY VETERINARY CLINICS:** Triangle Veterinary Referral Hospitals in Durham, NC; Triangle Veterinary Referral Hospitals of Holly Springs in Holly Springs, NC; Small Animal Emergency Services in Vass, NC; and BluePearl Pet Hospital in Cary, NC.

**INCLEMENT WEATHER:** Forecasting inclement weather, RGBD strongly recommends having prior arrangements for pets to be picked up. RGBD staff will contact all guests' families/emergency contact(s) at the onset of weather warnings and potential threats.

**INTACT CATS:** We do **not** accept intact cats for boarding. Your cat(s) must be spayed/neutered to board.

**BASIC BOARDING RATE:** The Boarding Rate is a flat rate per night for each guest. All rooms include comfortable bedding, room service, daily housekeeping, multiple potty breaks, and recreational activities.

**CAPSTAR:** All boarding guests will receive a mandatory Capstar pill at check-in. This is a flea-preventive pill that works in 20 minutes and lasts for 24 hours to ensure that the facility remains flea free.

**PLAYTIME:** By signing up for playtime, I grant RGBD permission to give my cat(s) playtime for an additional fee. I acknowledge that by signing up for playtime, my cat(s) will be socialized with other cats under the supervision of an RGBD employee. If an appropriate playgroup is unavailable for my cat(s), I understand that my cat(s) will receive enrichment instead of playtime.

**CANCELLATION POLICY:** Cancellations with less than a 24-hour notice and "No Shows" will result in a surcharge to be paid before the next visit or reservation is taken.

**LUGGAGE:** We will provide food bowls, water bowls, bedding, and toys for your pet(s). Please do **not** bring any bowls. You are welcome to bring items from home that may keep your pet more comfortable; however, we are not responsible for any lost or damaged items. We will spend "Quality time with each pet, with lots of love!"

**MEDICATIONS/SUPPLEMENTS:** Clients whose pets will receive medications and/or supplements during their boarding stay will be billed by the number of times the medication/supplement is administered per day (AM/PM). All medications must have the original prescription label and instructions provided by your vet. I understand that a **Medication/Supplement Form** must be submitted for each pet receiving medications and/or supplements during their boarding stay.

**AGREEMENT:**

- (1) Owner agrees to pay all the cost for special services requested for the pet during the time it is in the care of the facility.
- (2) Owner agrees to pay all veterinary cost for the pet during the time it is in the care of this facility.
- (3) If my pet identified in this record becomes ill, **All Animals Veterinary Hospital or Emergency Care Services** may provide all medical/surgical treatment deemed necessary, with fees not to exceed \$ . I acknowledge that in the event of my pet's illness, the staff may not be able to contact me immediately. Nonetheless they are authorized to initial the appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am able to discuss further care and related fees with the attending veterinarian.
- (4) The boarding facility shall exercise reasonable care for the pet delivered by the owner, to the facility, for grooming, boarding and/or daycare. It is expressly agreed by the owner and the boarding facility that the owner agrees to be solely responsible for any and all acts of behavior of said pet while it is in the care of the facility. All pets are boarded, handled, or cared for by us without liability for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.
- (5) I agree that either I or an authorized agent of mine will pick up the pet and pay for all accrued charges at the time of discharge. I accept that if I fail to pick up my pet within 10 days of written notification to the address on file, it will be considered "abandoned" and will be handled in accordance with NC State Law [North Carolina General Statute 90-187.7], and that doing so does not relieve me of my financial obligations.
- (6) The owner specifically represents to the facility that the pet has not been exposed to Rabies, Feline Viral Rhinotracheitis (FVR), Feline Calicivirus (FCV), or Feline Panleukopenia (FPL) within 30 days prior to current services, and further, said pet has received an annual Rabies and Distemper/FVRCP vaccination which can be confirmed by the veterinarian listed on the permanent computer or the original boarding contract. If said vaccines cannot be confirmed the facility has the authority to have any or all said vaccinations administered at the owner's expense. I certify that my pet appears to be free of contagious disease and has not bitten anyone in the past 10 days.
- (7) The boarding facility reserves the right to refuse services at any time for any reason regardless of reservations or prior arrangements.

I have read and agree to the terms and policies listed on this form. I can verify that all the information, including current veterinarian is accurate. If there has been any change in my address, telephone number, veterinarian, or other information; I will notify this facility of those changes. I have noted the business hours and am aware of the charges for the services; that my pet(s) will incur during this stay. This contract is legally binding and will be a part of the animal's permanent record.

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

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