



THE LITTLE TAIL  
five paw pet resort of the rockies

Owner _____	Client # _____
Pet(s) _____	
Check-in _____	
Check-out _____	Pick-up Time _____

### Feline Boarding Admission Agreement

Please choose one of the following nightly package options:

- VIP (Very Important Pet) Package-** \$36.00 per night for first cat & \$30.00 per night for additional cat(s), *Includes a playtime, treat, brushing, email updates, administration of medications & rotations into cat room.*
- Standard Package-** \$22.00 per night for first cat & \$16.00 per night for additional cat(s), *Includes time in our cat room.*
- Standard Package with administration of medications-** Price: \$25.50 per night for first cat & \$19.50 per night for additional cat(s), *Includes time in our cat room and administration of up to 4 medications.*
- Deluxe Double Condo-** \$32.00 per night. *A double condo for one cat. (May not be available during peak seasons.)*
- Diabetic Package:** Price: \$48.00 per night, *Includes administration of medication, special feeding & nursing care. After hours injection fees may apply.*
- Special Needs/Care Package-**\$45 per night, *Pets needing special care such as 4 or more medications, bladder expressions, post-operative care, or certain health conditions.*

### **Additional Activities & Services:**

- Playtime- individual play session with staff member  
\$9.00 for first cat  
\$5.00 for additional cat(s)  
Number of sessions \_\_\_\_\_
- Daily Treat -\$2.00 per day
- Daily Brushing- \$5.00 per day
- Email updates- \$5.00 per day  
\_\_\_\_\_
- Nail trim- \$15.50 \_\_\_\_\_
- Grooming- Cost & availability varies. Please ask for more details during check-in.
- Veterinarian Exam  
Reason: \_\_\_\_\_  
\_\_\_\_\_
- Any non-vaccinated pet, special care or contagious pets will be charged an additional isolation fee of \$15.00 per night.

**Feeding Instructions:**

**Pet Name:** \_\_\_\_\_

- Own Food       Food Allergies
- Kennel Food

Morning amount \_\_\_\_\_

Evening amount \_\_\_\_\_

**2<sup>nd</sup> Pet Name:** \_\_\_\_\_

- Own Food       Food Allergies
- Kennel Food

Morning amount \_\_\_\_\_

Evening amount \_\_\_\_\_

**3<sup>rd</sup> Pet Name:** \_\_\_\_\_

- Own Food       Food Allergies
- Kennel Food

Morning amount \_\_\_\_\_

Evening amount \_\_\_\_\_

**4<sup>th</sup> Pet Name:** \_\_\_\_\_

- Own Food       Food Allergies
- Kennel Food

Morning amount \_\_\_\_\_

Evening amount \_\_\_\_\_

**If your pet(s) is/are not eating, can we feed them a low residue wet food?**    Yes    No

**Can your cat(s) be given treats?**    Yes    No

*If you would like a written estimate, please feel free to ask. Payment is expected at check-out. Thank you for entrusting us to take care of your pet(s) at Red Hill Animal Health Center.*

Emergency Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**Medication(s):**

*Medications must be in original prescribed container/vial.*

**Pet name:** \_\_\_\_\_

Medication	Dose	Last Given

**Pet name:** \_\_\_\_\_

Medication	Dose	Last Given

**List of Belongings:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Known existing health problems:**

\_\_\_\_\_

\_\_\_\_\_

**Additional Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_