

Hotel Room: _____



CAT
BOARDING

Welcome to Balmain Cat Boarding

Luxury Hotel Style Accommodation

Owner: _____ Check In Date: _____

Hotel Guest: _____ Check Out Date: _____

Breed: _____ Colour: _____ Sex: _____ Age: _____

Contact Name/s: _____

Contact Number/s: _____

Email Contact: _____

In the event of an emergency and/or illness occurring during your cats stay, we will make every effort to contact you on the number(s) and/or email provided above. If we are unable to contact you on the details provided above, you authorise Balmain Veterinary Hospital to intervene and accept that there will be costs incurred (estimate of \$300-\$1200 initially depending on the illness or emergency that occurs). If you expressly DO NOT want Balmain Veterinary Hospital to intervene, please tick this box

Description of belongings: _____

We recommend that you do not leave valuable or sentimental possessions with your pet as we cannot guarantee their safe return. All items are left at your own risk.

Preferred dining options: _____

Any medications required? Y/N - If yes: _____

Date of last vaccination: _____

For the safety of all our guests, it is important that your cat is up to date with their vaccinations prior to staying at our hotel. However, should your cat need to have their vaccinations, our veterinarians at Balmain Veterinary Hospital can perform this on check in.

Date of last flea treatment: _____

We recommend long acting flea prevention to be applied at least two weeks prior to staying at our hotel. Should we find evidence of fleas or flea dirt after examining your cat (see below), we are able to apply this product for your cat on check in.

Our hotel guests receive a complimentary veterinary health exam (valued at \$83)!

Additional Services:

- Vaccination \$119 Senior Screening \$180 Zjoosh Me Up! (Full brush out/nail trim/cologne) \$22
 Flea Treatment \$22-\$28 Purrrfect Pedicure (Full nail trim) \$15

TOTAL OF ESTIMATE: _____

This is NOT a quote – it is an estimate only. Although all attempts are made to accurately assess the extent of potential costs, there may be additional unforeseen expenses. I authorise Balmain Veterinary Hospital to carry out any treatment deemed necessary while my cat(s) are under their care. I agree to meet the costs of ALL services and possible treatments at the time of check out.

Please tick this box if you DO NOT consent to your cat's photo appearing on our promotional material.

Method of payment (please circle): CREDIT CARD/DEBIT CARD/CASH

Signature: _____ Date: _____