The ReTREAT at B&B[1]
Authorization to Release Veterinary Records & Information

PLEASE EMAIL THE REQUESTED RECORDS TO BOOPS & BEANS CAT CAFE AT MEOW@BOOPSANDBEANSCATCAFE.COM. PLEASE CALL APRIL CARDER AT 832-689-2679 WITH ANY QUESTIONS OR CONCERNS REGARDING THIS REQUEST.

REQUEST: Please include copies of the most recent vaccination records, confirmation of spay/neuter, and any other medical records or information that you believe are relevant for our boarding facility to be aware of for any of the below-identified cats, such as medications, chronic health conditions, or similar matters. Please feel free to include any commentary in your email with the records that you believe would be helpful to us in ensuring the cat(s) have a happy and healthy stay.

Cat Parent Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____

Email: _____

Cat Information

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

I hereby certify I am the owner (Cat Parent) or authorized agent of the Cat Parent of the above-described cat(s). I hereby request and authorize this veterinarian to release the requested medical information for my cat(s) to Boops & Beans LLC d/b/a Boops & Beans Cat Cafe and its successors. I release the veterinarian and staff from any legal responsibility or liability for the release of information as authorized herein. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

CAT PARENT SIGNATURE: _____ Date: _____

[1] The ReTREAT at B&B is the boarding facility operated by Boops & Beans LLC d/b/a Boops & Beans Cat Cafe.