

The ReTREAT at B&B¹
Boarding Information and Agreement



Cat Parent Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____

Email: _____

Emergency Contacts:

In case we cannot reach you, we prefer to have two emergency contacts on file. We do not necessarily need these people to live close by, but you must trust these individuals to make decisions on your behalf.

Emergency Contact #1

Name: _____

Relationship: _____

Cell Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Cell Phone: _____

Please list anyone else who we may provide information to about your cat or who may pick up / drop off your cat for stays.

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

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

Boarding Stay Information

How many cats do you want to board? _____

What date and time would you prefer to drop the cat(s) off? _____

What date and time would you prefer to pick the cat(s) up? _____

Would you like photos sent to you while your cat stays with us? _____

Do you prefer receiving photos via text or email? _____

Are there any hours during which you prefer not to receive photos via text? _____

If yes, please tell us what hours you do not wish for us to send photos via text. _____

****Please feel free to email or text us to ask for photos if you do not receive them as often as you would like*

Cat Information

****NOTE: We do not board cats under 6 months of age.*

Name: _____ Age: _____ Gender: _____

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Name: _____ Age: _____ Gender: _____

Is your cat(s) indoor only or indoor/outdoor? _____

Is your cat(s) on any medication? _____ ****If yes, you must complete the Medication Form and review the Information for Guests with Medical Conditions.*

What food(s) does your cat(s) usually eat (please include dry and/or wet, if applicable)?

Will you be providing food for your kitty to eat during their stay (we highly recommend this to avoid upset bellies)? _____

Please tell us how you prefer us to feed your cat (include how much and how many meals per day with food type(s), whether you want us to provide a bowl for free-feeding throughout the day, etc.).

What litter does your cat(s) usually use? _____

Will you be providing litter for your kitty to use during their stay (we recommend this to avoid litter issues)? _____

Does your cat(s) usually stay indoors, outdoors, or both? _____

Has your cat been boarded before? _____ If so, please tell us approximately when, how long, where, and anything you think is important that you may have learned from that experience.

May your cat have catnip? _____

May your cat have treats? _____ If so, please tell us what kind and any feeding schedule or limitations that you prefer for us to follow.

Will you bring toys/bedding, or other items from home? Please list and be specific (Quantity, color, brand etc.):

When is the last date your cat(s) received flea prevention? _____

****If we discover fleas on your cat(s), they will be given flea treatment (Capstar, Revolution Plus, or similar), and you will be charged \$25 for the application.*

Has your cat(s) ever been diagnosed with or treated for any health problems (major or minor), or undergone surgery (other than a spay or neuter) in the past? Please explain:

Is your cat(s) allergic to any food, treats, medication, or other substance? _____ If so, please explain:

Have you noticed any recent health or behavioral issues with your cat(s), such as sneezing, runny nose, diarrhea, urination issues, lethargy, depression, hyperactivity, increased or decreased appetite, frequent hairballs, etc.? If so, please describe them in detail.

Please tell us a little about your cat's personality, quirks, and any additional information you think we should know so we can be prepared to take the very best care of them:

If your cat has been boarded, has your cat ever refused to eat while being boarded? _____
If yes, please list some foods that we may offer to encourage your cat to eat:

Has your cat ever exhibited aggressive behavior? _____ If yes, please explain.

Tell us about your cat's eating habits (e.g., eats all food at mealtime, nibbles throughout day, goes for periods without eating, etc.): _____

Your kitty will receive a complimentary nail clip during their stay if we are able to do so without putting undue stress on the kitty. Would you like for us to try to give your kitty a nail clip? _____

Your kitty will get at least 20 minutes of individual attention per day. Tell us what you think your kitty would like best for their personalized attention?

☐ Play ☐ Pet ☐ Head Rubs ☐ Brush ☐ Let them set the tone

☐ Other (describe) _____

*****We offer video chats (up to 5 minutes) with your kitty upon request for \$3/session. If you would like to include any video chats, please let us know at check-in.**

Designated family members and friends may visit our kitty guests during our cat café business hours (Tuesday-Saturday 11-7 and Sunday 12-5). They must sign a liability waiver but may stay as long as they like visiting your cat(s). If you wish to designate any individual(s) who may visit your cat(s) during their stay, please list their names and cell numbers below. By listing these individual(s) below, you are giving consent for them to visit your cat(s) during their stay with us.

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

Please tell us if there is anything else we should know about your cat that we haven't asked.

Please let us know if you have any questions.

Veterinarian Information

Clinic Name: _____

Telephone: _____

Email: _____

Preferred veterinarian (if applicable): _____

AGREEMENT TO BOOPS & BEANS LLC POLICIES

IN CASE OF A LIFE-THREATENING EMERGENCY

Examples: difficulty breathing, seizures, extreme lethargy, substantial injury

*In the event of a life-threatening emergency while your pet is in our care, please let us know the level of treatment you would like provided for your cat. Please look through the following options below and select your preference.

- ☐ **Level 0:** DNR – DO NOT RESUSCITATE
- ☐ **Level 1:** No medications or treatments without contacting me first. You may treat or medicate if you cannot reach me within _____ minutes / hours [circle one].
- ☐ **Level 2:** Please examine, treat, and prescribe in any manner deemed necessary by the attending veterinarian and resolve the issue as quickly as possible. We will contact you once stable.

IN CASE OF A NON-EMERGENCY

Examples: not eating, vomiting, diarrhea, sneezing, limping, itching

*In the event of a NON-emergency while your pet is in our care, please let us know the level of treatment you would like provided for your cat. Please look through the following options below and select your preference.

- ☐ **Level 0:** Please do not treat without contacting me for approval first.
- ☐ **Level 1:** Please examine and treat as deemed appropriate by the veterinarian up to the following amount: \$_____
- ☐ **Level 2:** Please examine and treat as the veterinarian deems appropriate and then update me.

Representations and Authorizations

By checking the box below, I specifically represent that I am the owner of the cat(s) or have been authorized by the owner of the cat(s) to enter into this Agreement as the owner's agent.

- ☐ **I acknowledge and confirm the representation listed immediately above.**

By checking the box below, I authorize that I understand if I choose level 0 or 1 for non-emergency care, and I am unable to respond to texts, emails, or phone calls from the clinic within 24 hours, that I take responsibility for all financial charges that the doctor has deemed appropriate care for my cat.

- ☐ **I acknowledge and agree to the policy listed immediately above.**

By checking the box below, I authorize Boops & Beans to use my cat(s) photo(s) on social media. I understand that only my cat(s)'s first name may appear on social media; owners' names will not appear on social media.

- ☐ **I acknowledge and agree to the policy listed immediately above.**

By checking the box below, I acknowledge and agree that my cat may have indirect contact with cats of other owners.

☐ **I acknowledge and agree to the policy listed immediately above.**

By checking the box below, I specifically represent that my cat(s) (1) are altered (spayed/neutered), (2) are at least 6 months of age, and (3) do NOT have diabetes.

☐ **I acknowledge and confirm the representation listed immediately above.**

By checking the box below, I acknowledge and agree that my cat may be left unattended without an individual present during the hours of 7:30pm to 8:30am the following morning. I understand, however, that I will have 24-hour camera access to view my cat's boarding suite so long as Internet service is not disrupted.

☐ **I acknowledge and agree to the policy listed immediately above.**

By checking the box below, I acknowledge and agree that cats requiring overnight care, or medical monitoring or services beyond oral medications or non-invasive treatments should **not** board in our facility. I understand that Boops & Beans staff are neither veterinarians nor registered veterinary technicians. Boops & Beans does not board cats with medical conditions other than those who are stable with medications that can be administered at home. Additionally, I understand that Boops & Beans does not currently offer boarding for cats with diabetes. I confirm that I have disclosed all known medical and behavioral history of my cat(s) to Boops & Beans LLC in this Agreement before boarding. I understand that Boops & Beans LLC reserves the right to refuse to accept my cat(s) at check-in for any reason, including without limitation, if my cat(s) appears to be sick, injured, in pain, or that its behavior could jeopardize the health or safety of other cats or our staff.

☐ **I acknowledge and agree to the policy listed immediately above.**

By checking the box below, I specifically represent that my cat is current on rabies and FVRCP vaccinations.

☐ **I acknowledge and confirm the representation listed immediately above.**

By checking the box below, I acknowledge and agree that cats left ten days beyond the scheduled pick-up date without contact from, or on behalf of, the owner will be considered abandoned and therefore become the property of Boops & Beans LLC.

☐ **I acknowledge and agree to the policy listed immediately above.**

Release & Indemnification

I hereby release, indemnify, and agree to hold Boops & Beans LLC harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity (including, without limitation, attorney's fees and related costs), arising out of or related to the services provided by Boops & Beans LLC, except which may arise from the sole gross negligence or intentional and willful misconduct of Boops & Beans LLC, including, without limitation, (i) any inaccuracy in any statement made by me or

information provided by me to Boops & Beans LLC, (ii) my cat, including but not limited to destruction of property, bites, injury, and transmission of disease, and (iii) any action by me which is in breach of the terms and conditions of this Agreement.

Boops & Beans LLC shall exercise due and reasonable care for each cat while boarding. Under this reasonable care, I release Boops & Beans LLC (including its members, managers, employees, agents and representatives, including the heirs and successors of each) from, and waive all claims and liability against, Boops & Beans LLC for or attributable to, injury or illness of my cat(s). I agree that I will be solely responsible for any acts and behavior of my cat(s) while it/they is/are in the care of Boops & Beans LLC. This includes damage to catio boarding kennel structures and/or Boops & Beans LLC property.

☐ **I acknowledge and agree to the release and indemnification terms listed immediately above.**

Assumption of Risks

I acknowledge and understand that there are inherent and potential risks associated with (a) interactions between cats and humans, (b) cats being housed in a group or unfamiliar environment, and (c) other known and unknown and foreseeable and unforeseeable risks arising out of or related to my cat(s)' presence at a boarding facility. Risks include but are not limited to the following:

- 🐾 My cat(s)' exposure to or contracting of contagious diseases, viruses or infections;
- 🐾 Worsening of underlying health conditions of my cat(s) due to the stress of boarding;
- 🐾 Exposure of my cat(s) to fleas, ticks, mites, roundworms, hookworms, tapeworms, heartworms or other external or internal parasites;
- 🐾 Exposure of my cat(s) to substances that may cause allergic reactions;
- 🐾 Bites, abrasions, lacerations, sprains, fractures or other injuries;
- 🐾 Premises and equipment defects and conditions;
- 🐾 Risks associated with transporting my cat(s);
- 🐾 Risks associated with my cat(s) being left unattended at a boarding facility overnight without an employee present;
- 🐾 Property damage or loss, illness, physical or emotional injury, and death of or to my cat(s), myself, or any other pet or person; and
- 🐾 Claims, demands, liability, damages, costs, expenses, attorney's fees and court costs arising from or related to any of the foregoing.

☐ **I knowingly and voluntarily assume all risks associated with boarding my cat(s) at Boops & Beans LLC, whether such risks are known or unknown, foreseeable or unforeseeable, or caused by negligence.**

PRINTED NAME

SIGNATURE

DATE