

COZY CAT INN CONSENT FOR _____
pet's name

My signature below verifies that I have read, understand and agree to the policies and procedures of the Cozy Cat Inn. My signature is also confirmation that, as the pet owner, I give consent to the Cozy Cat Inn to...

examine my pet(s) for fleas upon admission and treat as necessary at my expense
transport my pet(s) as requested or as deemed necessary for medical treatment
seek medical treatment for my pet(s) in my absence
collect medical information from or consult with my veterinarian as needed
charge the credit card below weekly for my pet(s) boarding expenses unless other payment arrangements have been agreed upon and documented

Signature _____ Date _____

PLEASE ONLY PRINT AND COMPLETE THIS FORM IF YOU, THE PET OWNER, CANNOT PERSONALLY ADMIT YOUR OWN CAT(S) FOR BOARDING AT THE COZY CAT INN. For example: An assisted living resident and pet owner may not be able to transport their own pet for boarding and provide this information at that time. For your security it is preferred to collect this information in person if possible.

(copy identification here)

(copy credit card here)

CVC # _____

[] The billing address for this credit card is the same as on client information sheet

[] The Billing info for this card is house # _____

zip code _____