Lincoln
PET HOTEL

Cat Waiver

OWNER'S INFORMATION

Name

Phone Number

Email

Address

EMERGENCY CONTACT

Name

Phone Number

RELEASE OF LIABILITY WAIVER

I understand and agree that in the event of an apparent health issue Lincoln pet hotel will first attempt to contact me as the owner of the cat, seconded by an attempt to reach my emergency contact, and then the veterinary of record if it appears that my cat is ill. If the veterinary of record cannot be contacted, I agree that an emergency clinic may be contacted and if advised to do so, my cat shall be taken to the emergency clinic for assessment and treatment, if needed. I agree to pay for all veterinary services, treatment and transportation costs that may be incurred.

I agree to pay the charges for the entire reservation that I made with Lincoln pet hotel even though I may change my plans and choose to cut short the time that my cat will need to be boarded. During busy seasons.

I agree that if arrangements are made for someone other than myself to pick up my cat, Lincoln pet hotel will have been advised and given the name of the person prior to the pickup Lincoln pet hotel will not be held responsible for any adverse incidents that may occur after my cat leaves the premises.

I agree to pay all charges at the time of pick-up, cash debit visa is accepted.

I understand that boarding my cat at any time at any facility is not without risks. Underlying health issues can be exacerbated the stress of being boarded despite all the steps taken by Lincoln pet hotel to alleviate stress and provide the best care possible. Lincoln pet hotel is committed to and will make every effort to safeguard the health and well-being of my cat, and I waive and release Lincoln pet hotel from any and all liability.

There are extra fees for administering medications. Please bring extra food there is additional fee if your pet runs out.

Pets owners' signature

Date

PETS' INFORMATION

HAVE ANOTHER CAT? Print this page again so everyone's covered!

Cat's Name

Age

Colour / Markings

Spayed or neutered?

YES NO

Any wounds or cuts?

YES NO

Do you have a feeding schedule?

YES NO

If YES, please let us know how often:

Any medical conditions?

YES NO

If YES, please list them below:

Are they taking any medications?

YES NO

If YES, please list them below:

Veterinarian's Name

Veterinarian's Phone Number