



## CAT PROFILE

Please complete the following questions to the best of your knowledge. This form is required before your cat can stay with us. This information will help us maintain a safe and fun environment for all guests. We are concerned not only about your cat's safety and health, but also that of our other guests and our team of caretakers. Please take a few moments to tell us about yourself and your best friend. Thank you.

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### GUARDIAN INFORMATION

#### Guardian Name(s):

#1 (Primary contact): \_\_\_\_\_ #2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

#### Guardian #1 (Primary contact):

#### Guardian #2:

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about us?

Friend  Web search  Event  Newspaper  Television  Other: \_\_\_\_\_

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### CAT INFORMATION

Name: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_

Gender: F  M  Coat Colour/Description: \_\_\_\_\_

Long, medium or short hair? \_\_\_\_\_

Age: \_\_\_\_\_ Do you know your cat's birthday? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Check if approximate  
MM DD YY

Microchip or tattoo no.: \_\_\_\_\_ City cat license no.: \_\_\_\_\_

Where did you get your cat?

Pet store  Breeder  Rescue/shelter  Rehomed  Found

At what age? \_\_\_\_\_

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## MEDICAL INFORMATION

Name of Clinic/Practice: \_\_\_\_\_ City/Town: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Do you have pet insurance?  Yes  No Name of pet insurance plan: \_\_\_\_\_

Flea prevention program in use:  Advantage  Revolution  Other: \_\_\_\_\_

Titers date, if applicable: \_\_\_\_\_ For which vaccines? \_\_\_\_\_

Date of last vaccinations

Rabies: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

FLEVK (if outside cat): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

FVRCP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Has your cat been tested for FIV (Feline Immunodeficiency Virus)?  Yes  No

Spayed/Neutered?  Yes  No Weight: \_\_\_\_\_ lbs / kg

Is your cat currently displaying any symptoms such as coughing, sneezing, or upset stomach?

No  Yes

Has your cat had any of the following in the last 90 days?

Conjunctivitis (eye infection)  Blood in urine or stool  Diarrhea  Ear mites  
 Fleas  Intestinal parasites  Respiratory ailment  Vomiting

Are there any medical issues we should know about?

Arthritis  Seizures  Allergies  Diabetes  Skin conditions

Orthopedic conditions (e.g. hip dysplasia)

Other conditions (e.g. lumps, thyroid, etc.): \_\_\_\_\_

Has your cat had any surgery in the last 180 days?  No  Yes

If yes, please provide details: \_\_\_\_\_

Is your cat on any injectable medication? No  Yes  for \_\_\_\_\_

Is your dog on any other medication/supplement? No  Yes  for \_\_\_\_\_

Does your cat have any sensitive areas on his/her body? \_\_\_\_\_

Does your cat have any dietary restrictions? \_\_\_\_\_

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## PERSONALITY INFORMATION

How would you best describe your cat's personality? (check all that apply)

- Happy  Shy  Mellow  Cuddly  Outgoing  Excitable  Nervous  
 Active  Couch potato  Rambunctious  Content to be around others  
 Slow to warm  Destructive

What situations cause your cat to become stressed? (check all that apply)

- Picking up  Hugging  Removing from furniture  Meeting other cats  
 Touching while sleeping  Bathing  Being stared at  Meeting strangers  
 Loud noises  Thunder  Other animals  Car rides

Does your cat display any unfriendly behavior? (check all that apply)

- Will bite  May bite  Growls  Swats  Shows teeth  Freezes  
 Trembles  Moves away

Does your cat like to be held?  Yes  No

Does your cat like being brushed?  Yes  No

Does your cat have any specific or unusual litter box habits?  Yes  No If yes, please describe:

\_\_\_\_\_

Has your cat ever bitten another cat or person?  Yes  No

If yes, did bite puncture/tear the skin?  Yes  No

Please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

Would you consider your cat to be an escape artist?  Yes  No

Does your cat have any fears or dislikes? \_\_\_\_\_

Please list any additional behavioral traits that you feel are important for us to know:

\_\_\_\_\_

\_\_\_\_\_

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## LIFESTYLE INFORMATION

How many other animals in your home? Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_ Other: \_\_\_\_\_

How would you describe the relationship between your cat and the other animals in your home?

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Has your cat ever attended a boarding facility?  Yes  No If yes, where? \_\_\_\_\_

Was it a good experience?  Yes  No Comments: \_\_\_\_\_

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What are your cat's sleeping habits? \_\_\_\_\_

What games do you play with your cat?  Laser  Catnip toys  Puzzles  Toys

What brand of food do you feed him/her? \_\_\_\_\_  Dry  Wet  Raw

When do you feed your cat?  Free feed  Breakfast  Lunch  Dinner

Eating habits (check all that apply)

Eats all food at meal time  Nibbles throughout day  Goes for periods without eating

Requires more palatable food to be mixed in to eat  Finicky eater

Type of litter used: \_\_\_\_\_ Type of litter box: \_\_\_\_\_

Please list any additional behavioral traits that you feel are important for us to know:

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## AUTHORIZATION FOR RELEASE OF INFORMATION

Park9 requires veterinarian confirmation of my cat's health status.

PLEASE FAX THE INFORMATION FOR THE CAT(S) LISTED BELOW AS SOON AS POSSIBLE TO PARK9.

Attn: \_\_\_\_\_ Fax: \_\_\_\_\_

### GUARDIAN/OWNER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### PET INFORMATION:

NAME

BREED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REQUESTED INFORMATION:

1. Latest vaccinations including date administered
2. Spay/Neuter status
3. \_\_\_\_\_

I hereby request and authorize this veterinarian to release to Park9 the requested information and any other health related information that Park9 may require while my cat is in their care. I release the veterinarian and staff from any legal responsibility or liability for the release of this information.

\_\_\_\_\_  
GUARDIAN/OWNER SIGNATURE

\_\_\_\_\_  
DATE





## CARE AGREEMENT

1. **Services.** We agree to provide the specific services (“Services”) to your Dog/Cat for each visit as requested by you. We will exercise reasonable judgment as we provide the Services.
2. **Fees.** Information on the full list of Services and applicable fees are available upon request. You agree to pay us for the Services we provide to your Dog/Cat during each visit at the rates set forth at the start of such visit (collectively the “Charges”). Fees are subject to change without notice and deposits and seasonal rates may apply. Payment of all fees is due at the time of Check-out.
3. **Cancellations.** If you need to cancel your boarding reservation, please do so at least 48 hours prior to your scheduled Check-in. Cancellations made less than 48 hours prior to scheduled Check-in will be charged a cancellation fee equal to one day’s boarding fee.
4. **Your Agent.** You must provide an adult, over the age of 18, as your Agent. Your Agent must also be someone other than the primary Guardian(s) and should not be someone traveling with you if you are leaving town. If we cannot reach you, you authorize us to contact your Agent. You agree that your Agent shall have your full and complete authority to make any and all decisions, including those related to the health of your Dog/Cat and the expenditure of funds, for or on behalf of you and your Dog/Cat. Your Agent must be able to pick up your Dog/Cat if necessary.
5. **Check-out.** We may require identification before releasing your Dog/Cat as we want to be sure we only release your Dog/Cat to you, your Agent or such other individual(s) (“Alternate”) designated by you in writing as authorized to pick up your Dog/Cat.
6. **Emergencies.** In the event of an emergency as determined in our sole discretion, we will first attempt to contact you and your Agent. If we are unable to contact you and your Agent, you agree and authorize us to provide or arrange for medical services, transport, and/or to make temporary alternative arrangements, as appropriate. You agree that you are responsible for any costs applicable to these arrangements. You agree to notify us of any and all changes of address, emergency telephone numbers, itineraries or other information reasonably necessary to contact you in the event of an emergency.
7. **Dog/Cat Health and Behavior.** You agree not to bring your Dog/Cat to the Park9 facility if your Dog/Cat shows signs suggestive of a medical or communicable condition (e.g. diarrhea, vomiting, coughing, sneezing, skin lesions, lethargy). You specifically represent that your Dog/Cat has not been ill with any communicable condition within a 30 day period prior to the receipt of the Services. You agree to complete Park9’s Authorization for Release of Veterinary Information form. We reserve the right to refuse to accept a dog/cat at Check-in for any

reason, including without limit, if it appears to us the dog/cat is sick, injured, in pain, or that its behavior could jeopardize the health or safety of other dogs or cats or our staff.

8. **Contact with Other Dogs/Cats.** While your Dog/Cat is staying with us, he or she will come into contact with other dogs/cats. Every effort will be made to ensure the safety of your Dog/Cat by enforcing restrictions on dogs and cats as set forth in Park9's procedures.
  - All dogs/cats coming into Park9 are required to be vaccinated. However, it is still possible for a dog or cat to become ill, even if vaccinated. You understand this risk and agree that Park9 is not liable for any illness suffered by your Dog/Cat during or after its stay, including but not limited to Tracheobronchitis (Canine Cough).
  - You understand and accept that participation in boarding and daycare, including transportation to and from Park9 premises, is not without some risk, including but not limited to illness and injuries such as bites, cuts, abrasions, sprains, strains, broken nails and parasites. Despite being handled with the greatest amount of care and foresight, animals are unpredictable and the unexpected can happen. You are responsible for personal injury or injury or damage to other animals or property caused by your Dog/Cat while under the care and control of Park9 and its agents and you agree to assume full and sole responsibility for any and all costs thereof and YOU RELEASE PARK9 AND ITS AGENTS FROM ANY LIABILITY FOR SUCH INJURY.
9. **Dog/cats not Picked up on Departure Date.** If you or your Agent or Alternate do not pick up your Dog/Cat at the agreed upon time, you hereby authorize us to continue to provide the Services as set forth in this Agreement at your expense. You shall remain liable to us for all unpaid Charges.
10. **Your Representations to us.** You represent to us that you are the owner ("Guardian") of the Dog/Cat and that you are fully authorized to enter into this Agreement. All of the information about you and your Dog/Cat in this Agreement is true, accurate and complete.
11. **Release and Indemnification.** FOR SEPARATE CONSIDERATION YOU FURTHER AGREE TO SAVE AND HOLD HARMLESS PARK9, ITS SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS OR SUITS WHICH ARISE IN ANY WAY OUT OF SERVICES PROVIDED BY PARK9 OR AS A CONSEQUENCE OF YOUR ASSOCIATION WITH PARK9, INCLUDING BUT NOT LIMITED TO LOST OR MISPLACED PROPERTY, ANY INJURY, ILLNESS, DAMAGE, LOSS OR FROM ANY PRE-EXISTING HEALTH CONDITION OF YOUR DOG/CAT, EITHER KNOWN OR UNKNOWN TO PARK9.
12. **Photography and Recording.** You agree that your Dog/Cat may be videotaped, photographed or recorded when on Park9 premises. While you understand Park9 will not profit monetarily from the images or likenesses of your Dog/Cat, Park9 shall be the exclusive owner of such taping, photography and recordings for use with or on, but not limited to website webcam streaming and recording, social media and marketing with the rights of unlimited us, copyright and license in any manner.
13. **Miscellaneous Provisions.**
  - This written Agreement constitutes our entire and only agreement and there are no oral agreements or understandings except as provided for in this Agreement.
  - This Agreement applies to all visits by your Dog/Cat to Park9.



- This Agreement shall be made and construed in accordance with the laws of the Province of Ontario.

14. **Definitions.** The terms used throughout this Agreement, whether capitalized or not, and in either the singular or plural form, shall mean as follows: “Park9”, “we” and “us” means Urbandog Holdings Inc. and its subsidiaries. “You” and “your” shall mean the Guardian(s) signing this Agreement. “dog/cat” shall mean the dog(s) and cat(s) staying at Park9 and “your Dog/Cat” shall refer to the dog(s)/cat(s) designated by the Guardian in this Agreement.

**Agents who can act on your behalf for all purposes under this Agreement:**

Agent 1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Agent 2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**You have read this entire Agreement and Policies, you have had the opportunity to discuss them with us to your satisfaction, and you agree to their terms.**

Guardian Signature: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Park9 Representative: \_\_\_\_\_