

Pick-up/Drop off Hours:  
8 to 10 am & 4 to 6pm (Mon. thru Sat.)



For details. Ph. (403) 378-DOGS(3647)  
or visit: [www.roppspetresort.com](http://www.roppspetresort.com)

### **Owner's Information:**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ P.C: \_\_\_\_\_

Phone Information: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Veterinarian Release:**

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**During my absence, Ropp's Pet Resort will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment to and will be responsible for payment to you (veterinarian) upon my return.**

I, \_\_\_\_\_, give **Ropp's Pet Resort** permission to transport my pet(s) to the recorded veterinarian in the event of an emergency or sickness. If this veterinarian is not available, I authorize **Ropp's Pet Resort** to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital. I give permission to provide treatment up to \$ \_\_\_\_\_. I agree that **Ropp's Pet Resort** is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency. I agree to authorize veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

This agreement will remain valid for all visits unless a new one is signed.

### **Kenneling Agreement:**

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Ropp's Pet Resort provides a high quality of care and attention to all pets. However, all pets are kenneled (boarded, transported, groomed, trained, medically treated and otherwise cared for) at sole risk of owner with no liability for any cause whatsoever, assumed by the Kennels. All cat toys and accessories are also brought at the risk of the owner. All kennel expenses are due on the discharge or removal of pet on designated date. Unless otherwise arranged, any pet not removed within fourteen (14) days of the designated date shall be deemed abandoned and will be dealt with at the kennels discretion. All costs incurred by the kennels in enforcing this agreement, including costs between solicitor and client, shall be paid by owner.

All pets will be charged a daily fee from the day they check in until the day they check out. All pets left after the 6:00pm check out time will be charged for an additional day. This agreement shall be a continuing agreement in force each time owner's pet or pets are kenneled.

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I, the above named owner, agree to honor this Veterinarian Release and Kenneling Agreement and believe to the best of my knowledge that all the information stated on this form is true.

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*NOTE:** No one but the owner may pick up the cat from the kennel. If you wish to have someone else pick up the cat for you please notify us ahead of time. Thank You.

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### **Pet's Information:**

*All pet information must be accompanied by current veterinarian records.*

Cat's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colors/Markings: \_\_\_\_\_ Male  (Neutered ) Female  (Spayed )

Veterinarian and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

### **Personality and Playtime**

*\*Please check the most appropriate box for the following questions. If you choose yes, please comment. Thank You*

Does your cat have any aggressions toward other animals or people: No  Yes

Comments: \_\_\_\_\_

Does your cat whimper a lot: No  Yes  \_\_\_\_\_

Does your cat scratch people: No  Yes  \_\_\_\_\_

Does your cat get frightened easily: No  Yes  \_\_\_\_\_

Is there anywhere your cat does NOT like to be touched? \_\_\_\_\_

Is your cat litter box trained: No  Yes  \_\_\_\_\_

### **Feeding Instructions**

Food Type/Brand: \_\_\_\_\_ Feeding Times:  Morning  Evening  Both

Quantity:  1/4 cup  1/2 cup  3/4 cup  1 cup  Graze

Canned Food ( 1/4 Can  1/2 Can  3/4 Can  Full Can)

Other \_\_\_\_\_  Treats: \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

Does your cat need any medications administered? No  Yes  - Please fill out medications form.

Medical Conditions/Allergies: \_\_\_\_\_