



3150 18th St., Suite 103
San Francisco, CA, 94110
(415) 437-2287
Fax: (866) 560-1609
missioncats@missioncats.net
www.missioncats.net

Welcome!! We are excited your cat is staying at Mission: Cats! Now please read the following aloud to your cat. 😊😊

Dear New Recruit:

We only accept cats over 4 months and who have been spayed/neutered.

You must be properly vaccinated! FVRCP (3 in 1) is required; we highly recommend Feline Leukemia and Rabies. Please bring your papers when you are checking in or let your vet e-mail or snail mail them to us prior to your visit. If you are old/mature/aging we accept written exceptions from your vet.

Mission: Cats is a FLEA-FREE zone. All kitties are required to be on a flea medication like Advantage, Frontline or Revolution. If you are not a regular user we can dose you with Revolution for \$25 upon arrival. Regular flea treatment is recommended as it also helps prevent yucky tapeworms.

Tell your parents to bring your favorite blanket or bed with your name clearly marked. Also toys. And treats. And plans for world domination.

Your parents should pack you enough food to last your entire stay; if you eat all of your food before the end of your stay, they may be charged extra. We offer luxuries like extensive grooming comb or brush outs, kitty massages, dry baths and nail trims. Tell your parents to spoil you while they are away. Give them the look.

If you have parents who know they should be fascinated with your daily routine, they may want to sign up for email updates for \$2/day per cat. You can write to them via e-mail, although the webcams will show the play spaces. Our Twitter and Tumblr have updates about Mission: Cats and its guests.

Cancellation Policy: During non-holiday periods we require 48 hours notice prior to your appointment or you will be subject to a \$50 cancellation fee. During holiday periods we require a \$100 deposit to hold a reservation. If cancelled with 4 days or more notice prior to your appointment, you will be refunded the \$100 deposit. Less than 4 days, the deposit is non-refundable. Holiday periods are as follows: Memorial day, July 4th, August 26-Sept 4, November 20-26 and December 20 - January 5.

We accept drop offs and pick-ups by appointment only between 8am and 4pm. We require a one-hour window; otherwise you'll be subject to a \$25 late fee. Thank you for choosing Mission: Cats! Please return the intake form to missioncats@missioncats.net

Quick Checklist for Visit

Carriers or Leash

Kitty's regular food (enough for whole stay)

Bed and Blankets

Vaccination records

Intake form

Flea meds current

Medications (enough for whole stay)

Extras (not required):

Favorite toy

Favorite treats

PLEASE LABEL YOUR ITEMS!

CLIENT INFORMATION

Owner/Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Veterinary Contact

Name: _____ Location: _____

Phone number: _____

*Please leave a credit card on file with your veterinarian. If your veterinarian is unreachable or the situation is deemed an emergency, we will go to an alternate veterinarian and you will be responsible for all charges.

CAT(S) PROFILE

Name of Cat 1: _____

Breed/Color: _____

Sex: _____

Age: _____

Last application of flea medication (required):

Describe your cat in one sentence:

Areas the cat loves to be brushed and petted: _____

Areas to be cautious on the cat: _____

Favorite activity: _____

Fears/dislikes: _____

Is your cat social with humans: Yes/No

Cat's favorite toy: _____

Likes Catnip: Yes/No

Medical Conditions:

Recent Surgeries or injuries:

Current medications:

Dosage and directions (and hints!):

Allergies to food or medications:

Dry Food (amount): _____

Free food _____

Wet Food (amount):

Free food

Free fed: _____ Feeding times: _____

Other Notes:

Name of Cat 2: _____

Breed/Color: _____

Sex: _____

Age: _____

Last application of flea medication (required):

Describe your cat in one sentence:

Areas the cat loves to be brushed and petted: _____

Areas to be cautious on the cat: _____

Favorite activity: _____

Fears/dislikes: _____

Is your cat social with humans: Yes/No

Cat's favorite toy: _____

Likes Catnip: Yes/No

Medical Conditions:

Recent Surgeries or injuries:

Current medications:

Dosage and directions (and hints!):

Allergies to food or medications:

Dry Food (amount): _____

free food _____

Wet Food (amount):

Free food

Free fed: Feeding times: _____

Other Notes:

Client Agreement and Service Agreement

This is an agreement between Mission: Cats LLC and the owner/guardian whose name is

The following are the terms of service for your pet(s) - provide name(s) below:

By reserving with Mission: Cats I agree to hold Mission: Cats LLC and its employees harmless from any and all claims, damages and actions from my cat's stay and I certify to the accuracy of all information provided to Mission: Cats. To the best of my knowledge, my cat has not been exposed to any contagious diseases within the last 30 days prior to check in and I agree that if the staff finds fleas or ticks on my cat while at Mission: Cats they may administer a flea treatment for a \$25 fee. To the best of my knowledge, my cat is healthy and free of communicable diseases and I have disclosed any health issues to Mission: Cats before arrival. I acknowledge and agree that I am assuming all risk of illness, disease, harm or otherwise to my cat during its stay at Mission: Cats and I agree that I am solely responsible for my cat's actions and behaviors during its stay, including injury to other cats or staff. I understand that Mission: Cats utilizes playrooms where cats may intermingle with other cats via Plexiglas. I agree that a cat must be removed from intermingling if their behavior is unreasonable and I understand that bites and scratches may occur. I understand and agree that any problem that arises during the cats stay will be treated as deemed best by the staff and I will assume full financial responsibility for all expenses involved including veterinary bills and staff medical bills. I acknowledge that employees of Mission: Cats are not veterinarians and are not certified to detect and diagnose illnesses in the cats that are staying at Mission: Cats or the cats they visit during in-home care.

I acknowledge that my cat may be videotaped and photographed while at Mission: Cats and that this electronic media is the property of Mission: Cats LLC. I understand that Mission: Cats LLC posts pictures on Tumblr, Facebook, Twitter, other social media websites and the Internet.

Late check outs after 1:00pm may be available upon request, but is subject to availability and upcoming reservations. **Check outs past 3:00pm are subject to a full day/night charge. Check out's after 4pm are subject to an additional late check out fee of \$25.**

Initial _____

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We have a 5-night stay minimum during our peak holiday periods: November 20-26 and 7-night stay minimum during December 20 – January 5.

Print Name: _____

Signature: _____

Date: _____



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Advanced Directives for Medical Care in Owners Absence

I understand that if my pet is suffering from a critical injury, illness or disease that carries a guarded to poor prognosis where resuscitative efforts or humane euthanasia may become necessary. Should, based on the medical judgment of veterinary staff, my pet's medical condition deteriorate and I cannot be reached to make timely decisions regarding his or her care, I request that the Mission: Cats pursue such medical care as indicated below.

Cardiopulmonary Resuscitation (Please Choose One)

_____ *REQUEST FOR CPR.* I direct that, if required, cardiopulmonary resuscitation be performed on my pet, which means all medically reasonable attempts will be made to resuscitate my pet. I understand that the survival rate of animals requiring CPR is poor (less than 10%). I further understand that veterinarians are not on the premises at Mission: Cats and that, regardless of this election, CPR is not possible after hours (7pm to 8am) during these hours. The cost estimate for CPR by a vet is \$800-\$1000.

_____ *DECLINE CPR.* I direct that no attempt to resuscitate my pet be made, which means withdrawing all life sustaining procedures, methods and devices, including cardiopulmonary resuscitation, respiratory support, injectable medications, and artificially administered feeding and fluids.

Humane Euthanasia (Please Choose One)

_____ *REQUEST FOR HUMANE EUTHANASIA.* In the case of sudden deterioration of the health of my pet such that he or she appears to be experiencing pain or suffering that cannot be ameliorated with medications or supportive care, I direct that my pet be humanely euthanized to prevent such further pain or suffering. The cost estimate for humane euthanasia is typically under \$200.

_____ *DECLINE HUMANE EUTHANASIA.* I direct that humane euthanasia not be performed on my pet without my prior consent, even in instances of extreme pain or suffering.

Liability Release

In consideration for following my wishes, I hereby forever release Mission: Cats, its staff and authorized representatives from any and all liability and claims for damages, including claims for death, injury or property damage, whether or not resulting from negligence or misconduct attributable to such parties, that I may have or that may subsequently accrue to me, as a result of honoring this directive, and I declare that such parties are acting in accordance with my directions. I further agree to indemnify such parties for any third-party claims that I am not authorized to act on the animal or owner's behalf.

I certify that I am the legal owner or the duly authorized agent for the owner of the pet identified above. I understand that my wishes may be carried out immediately upon my signing this agreement. Applicable fees have been explained to me, and I assume full responsibility for all charges applicable to these services. I have carefully read and fully understand the foregoing provisions. I agree to reimburse "**Mission: Cats**" for any additional fees for tending to emergency or veterinary care as well as any expenses incurred for any other unexpected food or other supply needs. Client also agrees to reimburse "**Mission: Cats**" for additional time accrued at the rate of \$40.00 per hour in the case of such an emergency.

We will make every reasonable attempt to contact you should your cat become ill or injured during their stay at Mission: Cats.

Any decision you make while on the phone shall supersede your written directives.

If we are unable to reach you, we will attempt to reach your emergency contact. Please discuss with them your wishes so they can be prepared to make decisions on your behalf.

Signature: _____

Date: _____