

Boarding Admission Sheet

Drop-off Date: _____ Pick-up Date: _____ Est. Time: _____

Owner's Name: _____

If there is a question regarding my cat(s) during the stay:

❖ **You can reach me at:** Ph#: (____) _____ or Ph#: (____) _____ Not Reachable _____

❖ **Emergency Contacts:** (other than yourself)

Name: _____ Number: (____) _____ Relationship: _____

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❖ **FEEDING SCHEDULE:**

I brought my own-**Please list type(s) of food brought** _____
-----OR-----

Hospital Supply: Dry- Hill's Sensitive Stomach (or Kitten) Wet- Friskies

Dry Food: Amount in AM? _____ Amount in PM? _____ Leave dry out all day

Wet Food: Amount in AM? _____ Amount in PM? _____

Type of litter cat(s) use: _____ Clumping _____ Gravel _____ I brought my own

Current known medical problems: _____

❖ **Medication:** _____ I have supplied the medication _____ Please use the hospital supply
Cat: _____ Drug: _____ Dosage: _____ Last Given: _____
Cat: _____ Drug: _____ Dosage: _____ Last Given: _____
Cat: _____ Drug: _____ Dosage: _____ Last Given: _____

*Please note that when the hospital supply is used, charges for both the medication itself and an administration fee are charged.
When supplying your own, only an administration fee is charged.

❖ **Fleas:** ALL cats can get fleas whether they are indoor, outdoor, or both. Therefore, if we find any on your cat we will immediately apply Vectra to ensure that the problem will not spread to the other cats staying with us. The charge for the treatment will be added to your invoice. If you have recently applied a flea treatment to your cat please specify:

Name of Product: _____ Last Applied: ____/____/____ Flea Check: _____

❖ **Medical Treatment Authorization:**

____ I consent to necessary treatment (includes emergency treatment) for my pet while boarding.

____ I consent ONLY to **emergency treatment** to sustain life until me or my emergency contact is reached.

____ **DO NOT** administer any treatment until I am reached.

SIGNED _____ DATE ____/____/____

THE COST OF SERVICE IS PAYABLE UPON RECEIPT OF YOUR CAT

Cats Name: _____ Weight IN: _____ OUT: _____

Additional Treatment/Services: (Please circle) Exam Vaccines Bath Comb out Nail Trim Dental Surgery

Play Time-\$6.00 each time (Not available Wed/Sun/Holidays) Other _____

Cats Name: _____ Weight IN: _____ OUT: _____ Boarding: separate or together?

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Play Time-\$6.00 each time (Not available Wed/Sun/Holidays) Other _____