

BOARDING INFORMATION

Drop off Date _____ / _____ Time: _____ am pm **Emergency Contact Name** _____

Pick Up Date _____ / _____ Time: _____ am pm **Emergency Contact Phone** _____

Pet's Name(s) _____

In order to better prepare for your cat's stay, guests checking in before noon will be billed for the ½ of the previous night. Guests checking out after noon will be responsible for ½ of the following night.

Flea Control Policy:

In order to maintain a flea free environment for our guests, all cats that arrive for boarding are inspected for evidence of flea infestation. If your cat(s) are found to have fleas, they will be treated at your expense. **If you recently applied prescription flea control to your cat, please indicate below:**

Name of product applied: _____ Date of application : _____ (Please note: if your cat has evidence of fleas, additional flea control will be applied at your expense, regardless of when recent product was applied. Flea product may also be applied to additional pets in the same enclosure regardless of their flea status. If live fleas are found an oral Capstar® will be administered at your expense. An oral Capstar® requires a current annual exam at The Cat Clinic. If your cat is not current, a physical exam will be completed at additional cost. (A complete copy of our flea policy is available by request.)

In order to ensure that your cat(s) go home flea free, we recommend having a flea product applied during their boarding stay. If you would like this product applied to your cat today, please indicate here €

PLEASE INITIAL HERE INDICATING THAT YOU HAVE READ AND UNDERSTAND OUR FLEA POLICY: _____ (required)

Vaccination Requirement:

For your cat's protection, proof of current FVRCP vaccination is required for all boarding cats. If this information is not provided, your cat will be vaccinated immediately following a complete physical examination by one of our veterinarians at additional cost.

PLEASE INITIAL HERE INDICATING THAT YOU UNDERSTAND OUR VACCINATION REQUIREMENT: _____ (required)

Diet:

Your cat will be fed Royal Canin Young Adult in a dry form only. Royal Canin Young adult canned food is available upon request and at no additional cost.

€ **I would like my cat(s) fed canned food.**

If you would like your cat fed a special diet, please note it below. All special diets must be provided at check in time.

Medication:

All medications must be provided at check in and will be given per your instruction at additional cost. Please note all medications and instructions below:

Accommodations:

€ Standard Enclosure € Standard Enclosure w/Additional Space € Townhome € Cup bed rental (\$7.00 - one time fee)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

If your cat shows signs of illness while staying at the Cat Clinic, would you like us to:

€ Administer any necessary medical treatment

€ Call emergency contact of permission to treat**

€ Other**(please specify) _____

**If you cannot be reached in cases of life threatening illness, the doctor on staff will provide minimal treatment necessary until contact is made, at the owner's cost.

Additional Services Request:

Please note if you would like any additional services for your cat while staying with us. Please note that these services are provided at additional cost.

€ Grooming (please see reverse) € Nail Trim € Microchip ID € Daily Brushing € Physical Exam/Update Vaccines (please see reverse)

Owner Signature _____ Date: _____/_____/_____

***** SEE REVERSE SIDE FOR EXAM INFORMATION *****

For office use only ___ check for current FVRCP ___ back of form completed if exam requested initials of staff member who checked patient in _____

Exam Information:

Why is your cat getting an exam while here?

How long has the problem been present? Days_____ Weeks_____ Months _____

What type/brand of food is your cat currently eating? _____
Treats? _____

Where does your cat reside? Indoors / Outdoors / Indoors and Outdoors (circle one)

If your cat is getting vaccinated while here;

 Please update all vaccinations that are due based on where my cat resides

 Please update only the FVRCP that is required for boarding purposes

Who can be reached to authorize any recommended treatments for my cat?

Name: _____ Phone #() _____ - _____ cell/home/work

Signature _____ Date ____/____/____

Grooming Information:

What type of grooming would you like done:

 Demat ** Is it ok to shave severe mats if necessary? Yes / No (circle one)

 Rear Trim

 Belly Trim

 Bath

 Nail Trim

* Please note, if your cat is getting bathed, and the fur is matted, there will be an additional charge for the dematting.

If your cat requires sedation for grooming:

 There is an additional charge for sedation

 Go ahead and sedate

 Please call for approval and estimate of cost

Who can be reached to authorize sedation?

Name: _____ Phone #() _____ - _____ cell/home/work

Signature _____ Date ____/____/____