



Boarding Form

Name:	Pet's Name:
Emergency Phone #:	Alternative Emergency Phone #:
Boarding From:	Boarding To:

Is your pet on medication? Yes No

If so, what medications and how often are they given?

Medication Name	Frequency	Date Last Given	Time Last Given
			<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> AM <input type="checkbox"/> PM

Special Instructions: _____

Requirements for Boarding

- All pick-ups must be made prior to 4:30 PM or your kitty will be made comfortable in boarding at a fee of \$22.51 per night.
- All cats must be current on rabies and upper respiratory vaccinations.
- All cats will be treated with a flea killing agent at the owner's expense upon intake.
- The Cat Practice has my permission to do whatever is necessary should an emergency arise.
- If a tranquilizer is necessary for treatment or handling, The Cat Practice has my permission to administer such medication as necessary.
- I understand that if I neglect to pick up my pet within 5 days of the agreed upon date, my pet will be considered abandoned and will be turned over to the SPCA
- I also understand that The Cat Practice will do their best to return any items brought in with my pet. I will hold The Cat Practice harmless for any unreturned items.

I have read the boarding requirements and understand the hospital's policies.

Client Signature: _____ **Date:** _____

Do not write below this line – for veterinary use only

Flea and tick inspection performed by _____ **CHERISTIN GIVEN:** Yes No