

CAT BOARDING ADMISSION FORM

Boarding Dates: In _____ Out _____ AM PM

Owner's Name: _____

Pet Name: _____ Breed: _____ Age: ____ Sex: ____ Color _____

Pet Vaccine History: Vaccine Due Date

**Rabies	_____
**Feline Distemper	_____
Feline Leukemia	_____
Fecal Examination	_____

**** Required Vaccines**

I understand that my pet will be examined by the doctor prior to any vaccines being given and there will be a charge for this procedure whether I am present for the examination or not.

OWNER / AGENT INITIAL: _____

VACCINATION POLICY: "I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Feline Distemper vaccination for cats to be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I can and will provide written evidence of a current rabies vaccination within 24 hours of notification to do so."

OWNER / AGENT INITIAL: _____

Customized Boarding Packages: (Please choose one)

- Purrfectly Happy** – Boarded in veterinarian supervised, year-round climate-controlled facilities. Each kitty has a cat condo, housekeeping and room service with toys and treats provided. \$37/day
- Purrfect Paradise** – Combines the Happy package with a daily brushing and catnip. \$40/day
- Purrfect and Pampered** – Combines the Happy package with a daily brushing, catnip, and a 10-15 minute snuggle session with a kitty care attendant. \$42/day

* Brushing and snuggles may be adjusted due to the general temperament of your pet as per doctor's discretion.

Optional Services Available:

Medication Administration _____ Times/Day

(There is an additional charge for daily medication administration.)

Medical Services Requested at Additional Charge:

Physical Exam **Specific Problem:** _____

Fecal Exam

Nail Trim

Microchip Placement

Other: _____

Your Cat's Health:

Is your pet on heartworm preventive? _____

Has your pet been checked for intestinal parasites in the last 6 months? _____

Any vomiting, coughing, sneezing or diarrhea? _____

Is your pet allergic to any drugs? What? _____

Has your pet had any illness or injury in the past 30 days? _____

Is your pet on any medication? What? _____

Current Diet: _____ Volume: _____ Frequency: _____

Special Feeding Instructions: _____

OWNER RELEASE

I understand you can not guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my pet should bite any person or other pet while on the clinic premises.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until me or my agent can be reached.

If any problem is observed or develops:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that the clinic is not responsible for loss or damage to personal items left with my pet including but not limited to leashes, collars, toys, and bedding.

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop, provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred. Lynn Animal Hospital does not provide overnight supervision. There will be no one in attendance during non-business hours.

I will call if my “pick-up date” changes so you can plan accordingly. If I neglect to pick up my pet within 10 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of my pet as you deem best and/or necessary.

I understand there may be an additional charge for any pet deemed aggressive during the boarding period.

Date: _____ Owner / Agent Signature: _____

Name & Phone Number of Responsible Party to be reached in an Emergency:

Special Notes And / Or Instructions: