



Boarding Care Form

Client Name: _____ Date/Time In: _____ Date/Time Out: _____

Cat(s) Name(s): _____

- During your cat's stay with us, we will feed them Royal Canin GI. Please provide your own food (dry food in lidded container) for cats requiring a special diet or food preference.

Feeding Guidelines:

Cat 1: _____

Cat 2: _____

Cat 3: _____

- Own Food (In lidded container)
 Royal Canin

- Own Food (In lidded container)
 Royal Canin

- Own Food (In lidded container)
 Royal Canin

Amount: _____

Amount: _____

Amount: _____

Frequency: _____

Frequency: _____

Frequency: _____

Has your cat eaten yet today? Yes No

Medication Guidelines: All medications/supplements must be in original packaging!

Cat's Name	Medication Name/ Strength/Dose	Last time given	Instructions

Are there any special instructions we need to know about? _____

Personal Belongings:

Bowl(s) Blanket(s) Bed(s) Carriers Clothing Toys Treats

Other: _____

Emergency Contact Information:

Name: _____ Phone: _____



Boarding Consent Form

Medical Illness Policy:

One of the advantages of boarding your cat(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your cat(s) become(s) ill, we will call the emergency number listed on the Boarding Care Form regarding your cat's symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, we will administer the minimum level of medically necessary care to your cat(s) to relieve immediate discomfort or to resolve an important medical condition until we are able to get in contact with you, or your emergency contact.

Boarding and Medication Administration Fees:

Your cat's boarding rate is \$28.00/day. If your cat is picked up prior to noon on the day of pick up, there is no charge for that day. For cats requiring medication(s)/supplements there is a fee of \$10.00/day. For cats requiring subcutaneous fluids, insulin injections, or other injections, there is a fee of \$15.00/day.

Medication Policies: All medications and supplements must be in their **original packaging**. We can not administer or accept any medications or supplements that are not in their original packaging. No off-label, or non-prescription products will be given without explicit owner approval.

I fully intend to pick up my cat(s) on the date and time specified on the Boarding Care Form. If circumstances change, I will notify the veterinary clinic of a new pick up date and time. I understand that I am responsible for these charges and that **payment is due, in full, upon discharge of my cat(s)**.

In the unlikely event that my cat should pass away while boarding, The Cat Doctor will retain their body until such time as I return or other arrangements can be made.

Client Signature: _____ **Date:** _____