

Boarding Admittance Form - Feline

Pet Owner Name: _____

Guest Name (one pet per form): _____

Arrival date: _____ Departure date: _____

For the health and safety of all cats boarding in our facility, we require documentation showing that all pets have current Rabies and FVRCP (Distemper) vaccinations. In addition, we also require a current Intestinal Parasite Screening test. Should your pet be due for any of these immunizations and/or an intestinal parasite screen, these services will be provided at the pet owner's expense. Please note: Pets that are so young that they have not completed their entire series of vaccinations may not yet be fully protected and, thus, the pet owner understands and accepts any risks of infection.

Required:

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Current Wellness Exam
\$54.50 |
| <input type="checkbox"/> | FVRCP (Distemper) Vaccine
\$12.00 |
| <input type="checkbox"/> | Rabies Vaccine
\$15.00 |
| <input type="checkbox"/> | Intestinal Parasite Screen
\$21.00 |

Optional:

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Leukemia/FIV Combo Test
\$49.50 |
| <input type="checkbox"/> | Leukemia Vaccine
\$22.00 |
| <input type="checkbox"/> | Nail Trim
\$16.00 |
| <input type="checkbox"/> | Express Anal Glands
\$21.00 |

- | | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Professional Groom*
(prices vary) |
|--------------------------|--------------------------------------|

* If a groomer was not available at the time of check-in, I can be reached at _____

_____ to discuss available grooming services. I understand that professional grooming for my pet will incur additional fees. Initials: _____

Does your pet have any pre-existing conditions (food allergies, diabetes, kidney failure, etc)? Yes No

If so, please provide any special instructions here: _____

_____ (insert pet name) needs to have an examination by a veterinarian while boarding.

Concerns: _____

How long have symptoms been present? _____

Emergency Contact Information

In case of an emergency, please contact: _____ at this number _____.

In the event of an urgent medical concern/problem regarding , every attempt will be made to reach you or your emergency contact. However, if you cannot be reached, we need to know how you would like us to proceed.

I give consent for medical care/treatment deemed necessary, with fees not to exceed \$_____, even if I am unreachable. Initials _____

I do not consent to medical care/treatment without my consent. Initials _____

Personal items left with pets must be labeled. Every effort will be made to return item(s) in the same condition as when they were left with us, no guarantee can be made against loss or destruction. Items are left at your own risk. Initials _____

All pets are required to be free of external parasites (fleas and ticks). If external parasites are found, the affected pet(s) will be treated at the pet owner's expense. Initials _____

Pet owner/agent signature: _____

Office Use Only:

Pet checked in by CCC: _____ Guest Services: _____ On Kennel/Treatment Board: _____