

# The Cat Practice Boarding Agreement

Client: \_\_\_\_\_ Pet: \_\_\_\_\_

Date Admitted: \_\_\_\_\_ Time: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Wt: \_\_\_\_\_ Wt: \_\_\_\_\_

Our policy on vaccines is to insure the protection of all pets under our care the following vaccines/FLV-FIV tests must be documented and current. If not, they will be given and your account charged accordingly. Your pet will be examined for the presence of fleas, if a flea infestation exists you will be responsible for any treatments and products necessary to rid your pet of this condition.

FVRCP last received on: \_\_\_\_\_ Booster needed Y/N  
Rabies last received on: \_\_\_\_\_ Booster needed Y/N  
FLV/FIV test performed: \_\_\_\_\_ FLV/FIV test needed Y/N

## Dietary Needs (please specify brand, formula, and amount fed)

Canned \_\_\_\_\_ Dry \_\_\_\_\_

## What medications, if any, is your cat currently receiving?

1. \_\_\_\_\_  
*type of medication*

Dose: \_\_\_\_\_ Frequency \_\_\_\_\_

2. \_\_\_\_\_  
*type of medication*

Dose: \_\_\_\_\_ Frequency \_\_\_\_\_

3. \_\_\_\_\_  
*type of medication*

Dose: \_\_\_\_\_ Frequency \_\_\_\_\_

Special Instructions- please include anything you would like the doctors to check:

**\*Person(s) to contact in case of emergency:**

1. Name: \_\_\_\_\_  
Phone number \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone number \_\_\_\_\_

**Medical Illness:** One of the advantages of boarding your cat(s) at The Cat Practice is that veterinary attention is readily available should the need arise. If one of your cats becomes ill, we will call the emergency number(s) listed above regarding your pet's condition, treatment options & estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve a serious medical condition.

- please perform whatever services the doctors deem necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.
- I authorize up to (check one)  \$100  \$250  other \_\_\_\_\_ in medical care for my pet
- Do not administer any medical treatment until specific authorization is given, even if life-threatening condition is present.

**Conditions of a non-emergency nature:** This would involve problems with your cat that are not life threatening or requiring immediate medical care. In this situation please indicate your wishes below if we should find a non-emergency medical condition after examining your cat. *Please be advised you may be charged \$10-\$20 a day in addition to boarding for treatment plus the cost of medication*

Do you want to be contacted regarding your pet if a non-emergency condition arises? Yes \_\_\_\_\_ No \_\_\_\_\_

- Please perform whatever services the doctors deem necessary
- Do not administer any medical treatment deemed necessary until specific authorization is given (for non-emergency issues)

**Signed:** \_\_\_\_\_  
Owner or agent for pets