



FOR OFFICE USE ONLY: Last Exam: _____ Last FVRCP: _____ **DIABETIC**
circle: W/ TH/ PP Room with _____ Weight at admit _____ Procedures during stay: _____
 Last Flea Treatment (*date/type*): _____ Flea comb at admit: _____ Fleas found? Y / N Flea control applied: _____

Dates of Stay: _____ **to** _____ **Discharge Appt Time:** _____

Additional Services Requested: Mini Massage # _____ Comb-out # _____ Sanitary Clip _____ Toe Nail Trim Yes No

Phone # while away: _____ Email / Phone #2: _____ Time Zone: _____

Local Emergency Contact: _____ Reviewed by Recp _____ | Tech _____

Food Selection: No preference Special Diet (must be provided by Owner): _____

Type, times and amount fed at home: _____

Diet available in facility (select choice below):

- | | | |
|---|--|--|
| <u>Canned</u> <i>recommended</i> | <u>Dry</u> | Food count appropriate
(<i>Office use only</i>) |
| <input type="checkbox"/> Any you have | <input type="checkbox"/> Any you have | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Evo Cat & Kitten | <input type="checkbox"/> Evo Cat & Kitten | <input type="checkbox"/> No |
| <input type="checkbox"/> Tiki Cat Hawaiian Grill (Ahi Tuna) | <input type="checkbox"/> Science Diet Adult | |
| <input type="checkbox"/> ProPlan Chicken | <input type="checkbox"/> Science Diet Kitten | |
| <input type="checkbox"/> Science Diet Savory Chicken | | |
| <input type="checkbox"/> Science Diet Savory Seafood | | |

Medication	Dose / Frequency	Last Given	Discharge (<i>office use only</i>)
1)			
2)			
3)			
4)			
5)			
6)			

Personal belongings (e.g. pink catnip mouse, plastic carrier, etc.)	Okay to wash? Yes ___ /No ___	Discharge (<i>office use only</i>)
1)		
2)		
3)		
4)		
5)		
6)		

Note : We are not responsible for loss or damage to these items. Please do not leave items of monetary or sentimental value.

If your cat develops a problem or medical concern while boarding (for example: frequent vomiting, loss of appetite, significant weight loss), we will examine your cat and contact you or your emergency contact person with recommendations if we find a medical problem of consequence. If we are unable to make contact, we are obligated to hospitalize your cat and extend appropriate and reasonable medical and surgical treatments. As the owner, you will be responsible for the cost of these services including those incurred if the cat is transferred to a hospitalization status or an emergency facility.

I authorize Cats Exclusive to administer appetite stimulants without contacting me first if my cat stops eating. Yes / No

I authorize Cats Exclusive to administer Laxatone / Laxaire without contacting me first if my cat experiences constipation. Yes / No

I have read and understand Cats Exclusive boarding policies and fees.

Print Name

Date

Signature

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Label Here

Page # : _____

ALERT: _____