

Boarding Admit



| | | | |
|-------------------------|------------------------|-----------------------|--|
| DROP OFF DATE | | PICK UP DATE & TIME | |
| PHONE NUMBER WHILE AWAY | | E-MAIL/PHONE NUMBER 2 | |
| LOCATION/TIME ZONE | EMERGENCY CONTACT NAME | PHONE NUMBER | |

Additional Services

| | | | |
|-------------------------------|--|---|--|
| PLAY SESSION | <input type="checkbox"/> 1 CAT PER HOUSEHOLD/10 MINS (\$18.50) | <input type="checkbox"/> 2 CATS PER HOUSEHOLD/15 MINS (\$30.50) | <input type="checkbox"/> 3 CATS PER HOUSEHOLD/20 MINS (\$36.50) |
| MINI MASSAGE # (\$12.50 EACH) | COMBING SESSION # (\$12.50 EACH) | SANITARY CLIP (\$25.00) <input type="checkbox"/> YES <input type="checkbox"/> NO | TOENAIL TRIM (\$18.00) <input type="checkbox"/> YES <input type="checkbox"/> NO |

Food

| | | | |
|--|--|---|--|
| ARE YOU PROVIDING A SPECIAL DIET FOR YOUR CAT <input type="checkbox"/> YES <input type="checkbox"/> NO | TIMES AND AMOUNTS FED AT HOME | | |
| IF YES, WHAT BRAND/TYPE? | LAST MEAL FED | | |
| DIETS AVAILABLE IN BOARDING (CHOOSE FROM SELECTION) | <input type="checkbox"/> ANY CANNED BOARDING FOOD | <input type="checkbox"/> DAVE'S PET FOOD CHICKEN FORMULA (CANNED) | <input type="checkbox"/> DAVE'S PET FOOD TURKEY FORMULA (CANNED) |
| | <input type="checkbox"/> DAVE'S PET FOOD TUNA ENTRÉE (CANNED) | <input type="checkbox"/> DAVE'S PET FOOD SALMON DINNER (CANNED) | <input type="checkbox"/> PURINA PROPLAN CHICKEN (CANNED) |
| | | | <input type="checkbox"/> SCIENCE DIET ADULT (DRY) |
| PURCHASE MORE FOOD IF NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO | USE BOARDING FOOD IF NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO | FOOD ALLERGIES OR DIET RESTRICTIONS | |

Medications

| MEDICATION | DOSE | FREQUENCY | LAST GIVEN | REFRIGERATE | DISCHARGE (INTERNAL USE) | |
|------------|------|-----------|------------|--|--------------------------|------------|
| | | | | | COLLECTED | OWNER RCVD |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Personal Belongings

| ITEM | OKAY TO WASH (BLEACH USED) | DISCHARGE (INTERNAL USE) | |
|------|--|--------------------------|------------|
| | | COLLECTED | OWNER RCVD |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

We are not responsible for loss or damage to the above items. Please do not leave items of monetary or sentimental value.

Your cat's health is of the utmost importance to us. For some cat, boarding can be a stressful experience. The most common side effects from this stress are: loss of appetite and/or weight; diarrhea; vomiting; and a decrease in urination or defecation. We will monitor your cat closely and, in the event of any concerns, will offer appropriate medical treatment, which may include administration of oral appetite stimulate or supplemental food options (Gourmet plate), Laxatone/Laxaire to help with bowel movements or if necessary, hospitalization and more extensive diagnostics/treatment. In the unlikely event of hospitalization, we will make every attempt to reach you or your local emergency contact. *Please be aware that you will be responsible for the costs of these services, which may include transfer to an emergency facility if medically necessary.*

I have read and understand Cats Exclusive Veterinary Center's boarding policies and fees.

| | | |
|------------|------|-----------|
| PRINT NAME | DATE | SIGNATURE |
|------------|------|-----------|

For Internal Use Only

| | | |
|---------------|----------------------------------|--------------------------------|
| [] TH [] SN | LAST FLEA TREATMENT | REFILL MEDICATION [YES [] NO |
| ROOM WITH | FLEAS PRESENT [] YES [] NO | PATIENT INFORMATION LABEL |
| ADMIT WEIGHT | PROCEDURES/ADDITIONAL TREATMENTS | |
| TECH INITIALS | | |