Boarding Admit DROP OFF DATE					PICK UP DATE & TIME							TS	
PHONE NUMBER WHILE AWAY						E-MAIL/PHONE NUMBER 2						USIVE	
LOCATION/TIME ZONE					EMERGENCY CONTACT NAME PHONE NUMBER				BER				
A dditional	Corvio	00									. — - — -	$\cdot \mathbf{T} \cdot \mathbf{E} \cdot \mathbf{R}$	
Additional Services PLAY SESSION									HOUSEHOLD/15 MINS. (\$25.00)			ATS PER HOUSEHOLD/20 MINS. (\$30.00)	
MINI MASSAGE # (\$10.00 EACH)				S SESSION # (\$10.00			SANITARY CLIP (\$19.00)		(\$20.00)	TOENAIL TRIM (\$13.50)			
				000000000000000000000000000000000000000	<i>3 2</i> (0) ()		☐ YES ☐ NO				□ NO		
Food													
ARE YOU PROVIDING A S	SPECIAL DIET FO	R YOUR CA	T 🗆 YES	□ NO	TIMES AN	ID AMOUN	TS FED AT HOME						
IF YES, WHAT BRAND/TY			LAST MEAL FED										
(CHOOSE FROM SELECTION)			CANNED BO	DARDING FOOD				T FOOD TURKEY & SCIENCE DIET		DULT (DRY)			
					TUNA ENTRÉE (CANNED) DAVE'S PET FOOD		,	SALMON DINNER (CANNED PURINA PROPLAN		J)			
					TURKEY FORMULA (CANNED)			CHICKEN (CANNED)					
			DARDING FOOD IF NEEDED S NO		FOOD ALLERGIES OR DIET RESTRICTIONS								
Medication	ns												
MEDICATION	DOSE	DOSE		FREQUENCY		LAST GIVEN		REFRIGERATE			DISCHARGE (INTERNAL USE) COLLECTED OWNER RCVD		
									☐ YES ☐	NO			
									☐ YES ☐	NO			
									☐ YES ☐	NO			
									☐ YES ☐	NO			
Personal P	Relongi	nae											
Personal Belongings									OKAY TO WASH	I	DISCHARGE (INTERN	IAL USE)	
								(BLEACH IS U			COLLECTED	OWNÉR RCVD	
									☐ YES ☐	NO			
									☐ YES ☐	NO			
We are not respons	sible for loss	or dama	ge to the	above items. P	Please do n	ot leave	items of mone	tary or sentir	mental value.				
Your cat's health from this stress We will monitor of oral appetites hospitalization a your local emergemergency facili	are: loss of your cat clo stimulants and more ex gency conta ty if medica	f appetit osely an or suppl xtensive act. Plea ally nece	e and/o d, in the ementa diagnos se be av ssary.	r weight; diar event of any I food option stics/treatme ware that you	rhea; vor concerns s (Gourment. In the will be re	niting; a s, will o net Plat e unlike esponsi	and a decreas ffer appropria e), Laxatone/I ly event of hos ble for the cos	e in urination te medical Laxaire to he spitalization to fits of these	on or defect treatment, vielp with bov n, we will ma	ation. which r wel mo ake eve	nay include adr vements, or, if r ery attempt to re	ninistration necessary, each you or	
I have read and	understand	i Cats E	xciusive	veterinary C	enter's b	oardin	g policies and	ı tees.					
PRINT NAME					DATE			SIGNATURE	SIGNATURE				
For Internal Use Only	,												
[]TH []SN []W		LAST FLE	A TREATME	NT	REFILL MEI	DICATION	[]YES []NO						
ROOM WITH		FLEAS PRESENT []YES []NO											
		PROCEDL	IRES/ADDIT	IONAL TREATMENT	8			PATIENT INFORMATION LABEL					

ADMIT WEIGHT
TECH INITIALS