

FELINE MEDICAL CENTER INC. BOARDING AGREEMENT

Date today: _____ Date of pick-up: _____ Approx time of pick-up: AM _____ PM _____
 Owner: _____ Pets not picked up by 11am will be charged for an additional day

Emergency contact Name: _____ Emergency contact number: _____

Pets name: _____

Veterinarian's name: _____ Veterinarian's number: _____

Date of last physical exam: _____ (Must be within 1 year)

Date of last FVRCP: _____ Rabies _____ **Written proof of vaccines required**

Type of food (Please note: if your cat develops a condition that requires a food change to a prescription food while boarding, you will be charged appropriately.)

Wet: _____	AM	PM	Both	Free choice
_____	AM	PM	Both	Free choice
Dry: _____	AM	PM	Both	Free choice
_____	AM	PM	Both	Free choice

Medications, please be very specific:

CAT'S NAME	MEDICINE	DOSAGE (Amount and Frequency)	LAST GIVEN

Note: Medication administration is \$4.75 per dose per day

I understand my cat(s) must be flea free. If fleas or flea dirt are detected on my cat I understand Advantage will be applied to my cat. Cost \$21 per application. _____ (Please initial)

Special instructions while boarding: _____

Would you like your cat to receive a complimentary nail trim with 7 days or more of boarding? Y or N
 Must be able to handle cat without sedation.

Items left with your cat (circle all applicable):

Collar Carrier Food Bed Blankets Towels Toys Bowls Cups

Other: _____

Cage size requested: single cage \$21.00/day condo \$42.00/day

Due to medical reasons your cat may be required to board in our isolation area \$29/day

Medical Illness Policy:

One of the advantages of boarding your pets at a Veterinary Hospital is that Veterinary attention is readily available should the need arise. If one of your pets becomes ill, we will call the emergency number(s) listed above regarding your pets' symptoms, treatment options, and 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 an important medical condition:**

PLEASE
CHOOSE
ONE
OPTION

Please perform whatever services the Doctor deems 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 until someone can be reached.

Except in the event of a life-threatening problem, do not administer any medical treatment until specific authorization is given.

Every reasonable precaution will be used against injury, escape or death of my pet. The hospital and staff will NOT be held liable for problems that develop provided reasonable care and precautions are followed. I understand that ANY life threatening problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved.

Personnel will not be on the premises 24 hours a day.

Every reasonable precaution will be taken to avoid Upper Respiratory infections during boarding. However, it is impossible to completely avoid this problem. Feline Medical Center, Inc will not be held financially responsible if your cat develops symptoms during or after boarding.

IS YOUR CAT SNEEZING???: Yes No
(Circle One)

If I neglect to pick up my pet within 14 days of the scheduled pick-up date and do not notify Feline Medical Center, Inc. within that time frame you may assume that the pet is abandoned. The staff of Feline Medical Center, Inc. is hereby authorized to do as you deem best and/or necessary.

owner or agent of pet(s)