

## BOARDING AUTHORIZATION

CHECK-IN & OUT TIMES: 9AM-1PM & 3PM-5PM MONDAY-FRIDAY  
(NO CHARGE FOR DAY OF DEPARTURE IF PICKED UP BY 1PM)

Owner's Name \_\_\_\_\_ Arrive: \_\_\_\_\_ Depart: \_\_\_\_\_  
Cat's Name(s) \_\_\_\_\_ Condo Suite 1 2 3 4 upstairs invoice started \_\_\_\_\_

**\*\*\*We require that all cats be tested for Feline Leukemia and be current on rabies & FVRCP vaccinations. If documentation cannot be given for these, they can be performed during your cat's stay for an additional fee. We will also administer flea medication if your cat is not currently receiving a prescription grade flea treatment.\*\*\***

Tested for Feline Leukemia:  No  Yes Date tested: \_\_\_\_\_  
FVRCP Vaccination Current:  No\*  Yes Date last given: \_\_\_\_\_  
Rabies Vaccination Current:  No\*  Yes Date last given: \_\_\_\_\_  
Treated for Fleas this Month:  No  Yes Date last given/brand: \_\_\_\_\_  
(\*an exam will also be required if we administer vaccines)

### Feeding Instructions:

Use Food:  provided by clinic  provided by owner: \_\_\_\_\_  
Amount of Food:  Free feed  ¼ cup twice daily  Other (please specify details): \_\_\_\_\_

Medication Required (additional fee \$4/day):  No  Yes If Yes, please fill out form on reverse side of sheet.

\*Please make sure all medications are labeled and in original container.

### Belongings:

Cat Carrier: (Description/Color) \_\_\_\_\_  
Bedding: (Description/Color) \_\_\_\_\_  
Toys, etc.: (Description/Color) \_\_\_\_\_

### Services Requested:

Please perform an exam  Vaccinations: FVRCP, Rabies, Leukemia  Please trim nails  Other (please specify details): \_\_\_\_\_

### Agreement

Reasonable precaution will be used to prevent injury, escape, or death of this/these cat(s). The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my cat will be treated as deemed best by Dr. Summers and I assume full responsibility for the treatment expense involved. I authorize the procedures as marked to be performed on my cat.

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner or Responsible Party (must be at least 18 years old)