

Cat's Name(s) \_\_\_\_\_



	Date	Time
Check-in		
Check-out		

1st Emergency Contact Name: \_\_\_\_\_ 1st Contact #: \_\_\_\_\_ 2nd Contact #: \_\_\_\_\_

2nd Emergency Contact Name: \_\_\_\_\_ 1st Contact #: \_\_\_\_\_ 2nd Contact #: \_\_\_\_\_

**Flea Control Policy:**

We strive to maintain a flea free environment for our guests. In order to achieve this, all cats that arrive for boarding are inspected for evidence of flea infestation. If your cat(s) are found to have fleas, they will be treated at your expense. If you recently applied prescription flea control to your cat, please indicate below:

Name of product applied: \_\_\_\_\_ Date of application : \_\_\_\_\_ ( Please note: if your cat has evidence of fleas, additional flea control will be administered at your expense, regardless of when recent product was applied. Flea product may also be applied to additional pets in the same enclosure regardless of their flea status. If live fleas are found an oral Capstar® will be administered at your expense.

Please initial here indicating that you have read and understand our flea policy: \_\_\_\_\_

In order to ensure that your cat(s) go home flea free, we recommend having a flea product applied during their boarding stay. If you would like this product applied to your cat today, please indicate by initialing here: \_\_\_\_\_

**Vaccination Requirement:**

For your cat's protection, proof of current FVRCP vaccination is required for all boarding cats. If this information is not provided, your cat will be vaccinated immediately following a complete physical examination by one of our veterinarians at additional cost.

Please initial here indicating that you have read and understand our vaccination policy: \_\_\_\_\_

**Diet:**

Your cat will be fed Royal Canin Young Adult in a dry form only. Royal Canin Young adult canned food is available upon request and at no additional cost. If you would like your cat fed canned food, please indicate by initialing here: \_\_\_\_\_

If you would like your cat fed a diet that you provide, please note the diet and any special feeding instructions below:

\_\_\_\_\_

**Medication:**

All medications must be provided at check in and will be given per your instruction at additional cost. Please note all medications and instructions below:

\_\_\_\_\_

**Accommodations:** (Please select one below)

Basic                       Deluxe Loft                       Luxury Townhome

**Emergency Medical Treatment Authorization:**

If your cat shows signs of illness while staying at the Cat Clinic, would you like us to:

- Administer any necessary medical treatment
- Call emergency contact for permission to treat\*
- Other\*(please specify) \_\_\_\_\_

\*If you cannot be reached in cases of life threatening illness, the doctor on staff will provide minimal treatment necessary until contact is made, at the owner's cost.

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_