



Cat Boarding Form

Pet Parent Name: _____ Pet's Name: _____

Your Email: _____ Your Phone: _____

Preferred Contact Method

- Email
- Phone

Arrival Date (Drop Off): _____ Departure Date (Pick up): _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

What would you like your pet to be fed?

- Complimentary Hills' Sensitive Stomach Dry Food
- I will provide my own food

Feeding Instructions (Brand/Amount/Frequency):

Is your pet currently on any medication? If yes, please provide instructions for medication - dosage/frequency and when to begin.

All pets must meet hospital's vaccination requirements (FVRCP, Rabies, and FeLV if under 5 yrs old). Any pet with fleas or ticks will be treated at client's expense to prevent spread/infestation to other pets or employees.

- I have read and understand

If any minor abnormalities (e.g. suspected ear infection, loose stools, etc.) are noted upon entrance or during your pet's stay, do we have permission to begin treatment?

- Permission for treatment
- Call me before instituting any treatment

*In the event of a minor or major emergency, or with immediate treatment is deemed necessary by a veterinarian, we will attempt to contact the client. If the client cannot be reached, the pet will be treated at client's expense.

Please indicate any other person(s) with permission to pick up your pet up from boarding or make decisions on your pet's or your behalf:

Any additional notes or information (allergies, picky eater, anxious, etc.)

Please list all belongings you are bringing with you. If anything is valuable or one of a kind, we recommend leaving this at home. We will provide bedding and food bowls.

Signature: _____

Social Media Authorization - ABC likes to share interesting stories or cute photos of our GREAT patients on Facebook or other approved social media.

- I agree to have my pet's photo shared on social media.
- I do not agree to have my pet's photo shared on social media.