The Cat's Meow Veterinary Hospital

www.catsmeowvets.com

Boarding Authorization

Client ID: _____ Patient ID:
Address: _____ Breed:
_____ Age/Gender:
Telephone: _____ Color:

Boarding Dates: Arrival date _____ Expected departure date _____(**Remember we are closed on Wednesdays**)

Dates of last vaccinations: FVRCP _____ Rabies _____

Diet: _____ (please note **canned** / **dry** / **both**; if food is not provided by owner, our current house diet will be fed.) Please note that if the patient is on a prescription diet and the diet is not provided by the owner, the prescribed food will be scripted out at the owner's expense.

Are there any new health concerns to be addressed while boarding? yes no

If so, please describe:_____

Are any medications necessary while boarding? yes no

Names/doses of medications:_____

_____

When was last dose of each medication administered? _____

Other services during boarding? _____

Do any medications or supplies need to be refilled?_____

REQUIREMENTS FOR BOARDING

1. All animals must be current on FVRCP and Rabies or they will be boarded in isolation for an additional fee.
2. All animals must be free of external parasites (ticks, fleas, etc) or will be treated at owner's expense.
3. The Cat's Meow has permission for tests and treatments should illness or an emergency arise. The Cat's Meow will try to contact owner or emergency contact first. **Additional costs will be owner's responsibility.** Fractious animals may be boarded at an additional expense.
4. Pets may be picked up during office hours only. No exceptions.

In the case of abandonment, written notice will be mailed to the address currently on record. Ten days after such written notification, the cat(s) will be considered abandoned and become property of The Cat's Meow. Release of your cat(s) to The Cat's Meow does not relieve your financial liability.

By reading and signing this document, I agree to the following terms set forth by The Cat's Meow (TCM) in regards to the boarding of my cat(s): I authorize the doctors and staff to treat any medical problems that may become apparent. I take financial responsibility for the cost of any prescribed medication(s) and the increase in daily boarding fees. I authorize appetite stimulant to be administered if my cat displays poor appetite while boarding. If my cat displays any signs of upper respiratory infection, I agree to allow TCM to examine and treat as deemed necessary. In the event of illness, I understand that my cat may be isolated for the health of my cat as well as other boarding cats.

_____ _____
Signature of owner or agent Date

Contact number(s) in case of emergency:_____