HARTLAND Giù CAT HÖSPITAL Where Cats Rule!!!

Boarding Agreement

Cat's Name:_____Owner's Name:_____Owner's Name:______Owner's Name:______

- 1. Vaccinations AND FeLV/FIV Testing: For the safety of all cats in our charge, we require that boarders be current on Rabies and Feline Distemper vaccinations, and to be tested for Feline Leukemia and Feline AIDS. In the absence of written or oral verification from a veterinary office, Hartland Cat Hospital will provide any needed services at the prevailing vaccination/testing rates.
- 2. Parasite Control: All boarders will be inspected for fleas at the time of admission. If fleas are present a Capstar tablet will be given at the expense of the owner.
- 3. Medical Attention: In the unlikely event a boarder becomes sick or injured during its stay, we at Hartland Cat Hospital will attempt to contact owner for permission to render needed medical attention. If owner contact is not possible, or if the pet requires immediate medical attention, Hartland Cat Hospital will administer the level of care it deems necessary for the physical well being of the pet.

Hartland Cat Hospital is not responsible for personal belongings.

Check in Date: _____ Check out Date: _____

Pick up times for boarding starts at 9am and runs until closing time.

Is your pet currently on any medications/supplements? YES NO IF YES, PLEASE FILL OUT THE BACK SIDE OF THIS FORM.

Has Medication been given today? YES NO

If yes, what/when_____

Brand of Food currently feeding: Dry_____AM/PM How much? _____ Can____AM/PM How much? _____

Services to be rendered at the request of owner:

(Please let front desk know if any exams or medicine refills are needed, so the necessary forms can be filled out)

I hereby authorize the veterinarian to examine, prescribe for and treat the above pet if needed. I assume responsibility for charges incurred in the care of this animal. I understand that these charges are due at the time services are rendered.

Signature:_____ Date_____

Boarding w/ no Meds: \$30.00 per night **Boarding w/ Meds:** \$40.00 per night

*All RX foods will be charged

Current Medications

Medication	What time	What is	How often	If not prescribed by Hartland Cat
Name	was last	the	is	Hospital, For what reason is it given and
	dose	dosage?	medication	where was it prescribed.
	given?		given?	-

Previous Clinics

It is helpful for us to have records from other clinics that may have lab work or other useful diagnostic information. Please tell us any other clinics/hospitals that may have history on your pet.

Date	Clinic Name