**FELINE BOARDING ADMISSION**

**OWNER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PET NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT / EMERGENCY # (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PET ARRIVAL DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_, **PET DEPARTURE DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AM or PM**

**CHECK OUT TIMES:** If your cat is **NOT** receiving a bath on departure day, **check out time is 11:00am**.

If your cat **IS** receiving a bath on departure day, **check out time is 3:00 - 5:00pm.**

Extra charges will occur with late pick up. **\_\_\_\_\_\_ (Initial)**

***Deposit: If your pet is staying for a week or more, we require a 50% deposit of the balance before they can stay with us. If they get picked up before the anticipated departure date and deposit was more, you will receive a refund for remaining amount. \_\_\_\_\_\_\_\_\_\_\_\_(INITALS)***

**BATHING**

We suggest that all pets be bathed before discharge. If you cat is staying longer than 6 nights with us we do require a bath and a bath is optional for all shorter stays. Standard bath & nail trim: **YES *OR* NO** ($22.00)

Professionally groomed: (Includes a bath, anal glands expressed, nail trim, ears cleaned & haircut. $35-$75)

**YES** = **MONDAY OR WEDNESDAY**

**EXTRA PACKAGES:**

**\_\_\_\_\_**TLC CARE PACKAGE ($5.50/day) \_\_\_\_\_VIP CARE PACKAGE ($6.00/day)

2 x 3 suite 2x3 suite

1 playtime with staff member 2 playtimes with staff member

Treats Brushed Daily

Treats

**MEDICATIONS:**

Any medications to be given to your pet or prescribed due to illness will be charged **$4.75 per day** to administer (excluding heart worm medications and vitamins).

Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Directions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL MEDICATIONS MUST BE IN THE PRESRIPTION OR ORIGINAL BOTTLE**

**PERSONALITY:**

Please list any pre-existing conditions, hot spots, masses, sensitivities, allergies, injuries, or quirks your pet may have, so that our staff can be informed while they are here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL BELONGINGS:**

Please list all belongings brought in with your pet. Please beware toys may not be placed with pet due to safety concerns and rope toys are forbidden. We take every precaution to prevent loss, damage & destruction to your pet’s belongings, however, we cannot guarantee such and replacements will not be offered. Also all items left over fifteen days will not be returned nor replaced. **\_\_\_\_\_\_ (Initial)**

|  |  |  |
| --- | --- | --- |
|  |  |  |

***\*\*PLEASE READ & INITIAL THE FOLLOWING\*\* (\*REQUIRED\*)***

**VACCINATIONS:**

All cats entering the hospital for boarding must be up to date on Feline Distemper/Leukemia vaccination, Rabies vaccination and a Fecal Analysis within the past 6 months. **If proof of vaccination is not available upon admission, the vaccines and fecal analysis will be brought current upon admission**. The client will be charge accordingly. Cats are checked upon admission for fleas or ticks. If fleas or ticks are discovered the cat is required to have a flea bath, administer Capstar, and Advantage Multi is applied at an additional cost to owner. **\_\_\_\_\_\_\_\_\_\_(\*INITIAL\*)**

**MEDICAL FEES:**

Our aim is to keep your pet CLEAN, HEALTHY and HAPPY while he/she is boarding with us. For this reason, if your pet gets sick while they are boarding with us, we will treat your pet. You will be responsible for all medical cost incurred. Before any major medical treatment, we will make every attempt to reach you by the number you provided. If we cannot reach you, we will do what is best for your pet. \_\_\_\_\_\_ **(\*INITIAL\*)**

**INHERENT CONDITIONS:**

Occasionally pets may develop problems from environmental and dietary changes. Signs may include: vomiting, diarrhea, coughing, sneezing, and self-trauma such as scratching or biting of the skin. We take great care so that these problems won’t occur and if so we treat them promptly. However, please be aware and understand that these conditions can develop during or immediately after boarding, and the hospital is not financially responsible for these inherent conditions if

they occur. **\_\_\_\_\_\_\_\_\_ (\*INITIAL\*)**

**ABANDONMENT:**

Please notify us if there is a change in your pet’s departure date. If we do not hear from you or cannot contact you for a period of 14 days past the departure date, the hospital will consider the pet abandoned and proceed according to the North Carolina pet Abandonment laws. **\_\_\_\_\_\_\_\_\_** **(\*INITIAL\*)**

**I have read “Boarding Intake for Felines” and I understand and agree to the terms and conditions set forth within it. I understand it can only be changed in writing and when both parties agree. I understand I am assuming financial responsibility for all charges agreed upon.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of cat owner or authorized agent of owner Date**

**FOR OFFICE USE ONLY**

**VACCINES VERIFIED BY:\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| FFAA | UTD NEED Completed by \_\_\_\_ | Checked In By:\_\_\_\_\_\_\_\_ | Bath completed by: \_\_\_\_\_\_ |
| RCPN/  RCPNL | UTD NEED Completed by \_\_\_\_ | Teeth: Good / Mild / Mod / Severe –Give Est. | Nails completed by: \_\_\_\_\_\_ |
| RVF1/  RV1/RV3 | UTD NEED Completed by \_\_\_\_ | Fleas: None seen / Yes- Capstar & Bath |  |
|  |  | Eyes: Good / Red / Crusty |  |
|  |  | Ears: Good / Dirty / Yeasty- See Dr. |  |