



**Four Lakes Veterinary Clinic**

4504 Monona Dr  
 Madison, WI 53716-1051  
 Phone: (608) 819-6750  
 staff@fourlakesvet.com  
 www.fourlakesvet.com

**Cat Boarding Consent Form**

Date:

Patient Name:

Client Name:

Patient Age:

Patient Weight:  
*(office use only)*

**Arrival Date:**

**Departure Date:**

<b>Diet:</b>	
<b>Feeding Amount &amp; Frequency:</b>	
<b>Medications, Dosing &amp; Frequency:</b>	
<b>Medications were last given:</b>	
<b>Personal Belongings:</b>	
<b>Special Instructions:</b>	

**Please select one of the following:**

I authorize Four Lakes Veterinary Clinic to do whatever the veterinarian deems necessary in case of illness or an emergency situation.

I authorize up to \$ \_\_\_\_\_ in case of an emergency situation.

Do not administer any treatments without speaking to me first, even in the event that my pet may die\*

\*Some cats become very stress/anxious/afraid in a boarding environment. If the veterinarian deems that a cat needs an anti-anxiety medication to reduce this fear/anxiety/stress, Four Lakes staff will administer such medications.

*All boarding cats are required to be current or brought up to date on rabies and distemper vaccines. They must also be free of fleas or other parasites. If we don't have proof of vaccination or if your cat is overdue, we will administer the vaccine(s) at the time of arrival at an additional cost. Likewise, if your cat has fleas or other parasites, we will treat them at an additional cost.*

<b>Primary Contact Information:</b>		<b>Secondary Contact Information:</b>	
Name:		Name:	
Phone:	Text	Phone:	Text
Email:	Call	Email:	Call

**Signature:**

**Name:**