



All Feline Hospital

Boarding Agreement

Please fill out to the best of your knowledge. A technician will go over this with you during admission.

Owners Name: _____ Cats Name: _____

Boarding Dates – Entering: _____ To Go Home: _____

Vaccination History (date last received) Rabies: _____ RCP: _____

Food Provided by Owner (please check one) Yes _____ No _____ Treats Provided? Yes _____ No _____

Special Instructions in Preparing Diet

Dry: _____

Canned: _____

Treats: _____

Other: _____

Health Concerns? _____

Current Medications

Medication:	Dose:	Number of Times Given Daily:	Next Dose:

Other Special Requests: _____

Please Circle Personal Items Which Were Brought Along:

Carrier Carrier Pads/Liners Toys Collar Towels/Blankets Clothing Other

Please Give Details/Descriptions of Items:

When cats are boarding at All Feline Hospital, they do not receive a physical exam from a doctor or a technician unless specifically requested and there are charges for that. Ward staff are in charge of monitoring and caring for boarding cats and will make every attempt to alert a doctor if they notice a problem, but they are not medically trained. If you would like to have a doctor or technician do an exam on your cat, either at admission only, daily, or every other day, please note below. If you have never had your cat seen here before or if your cat is past due for an exam, we do require an exam at admission for boarding. If you would like to have any other services performed such as vaccines, nail trims, blood work, or other, please also note that below.

Services requested while boarding: (please circle or underline selection)

Physical exam by doctor (\$16.50 per exam) – Admission only, daily, every other day, only if problems noted, none

Physical exam by technician (\$10.80 per exam) – Admission only, daily, every other day, only if problems noted, none

Nail trim RCP vax Rabies vax (Purevax or Defensor) Leukemia vax Deworming Shave mats

Flea treatment (Bravecto or Advantage) Blood work _____ Ear mite treatment

Other _____

OWNER CONTACT INFORMATION

Owner(s) name: _____ Email: _____

Number(s) Where We Can Reach You: _____

*Emergency Contact (if we cannot reach you): _____

CURRENT PET INFORMATION

Pet Name: _____ Breed (DLH, DSH, etc.): _____ Birth Date: _____

Color: _____ Where did you get your pet from? _____ Time Owned? _____

When did your pet last eat? _____ Last flea treatment applied? _____

Is your pet? Indoor / Outdoor / Both Sex: Female / Male Spayed / Neutered / Intact Declawed? Yes / No

Special Instructions in Care: _____

Personality (please circle one):

Timid Friendly Fearful Aggressive High Stress Will Bolt Other: _____

DNR: In the event that a life-threatening event happens while my cat is here, I **DO / DO NOT** wish for life saving resuscitation measures to be performed. *(please circle selection)*

NOT EATING: In the event that my cat does not eat while they are here, I give permission to All Feline Hospital to either syringe feed and/or administer an appetite stimulant after 24 hours of not eating while my cat is boarding. I understand there will be additional charges for this. **YES / NO**

I hereby agree to have my cat boarded at All Feline Hospital from _____ to _____. I understand all charges including any medical treatments or diagnostics are to be paid when I pick up my cat. If my cat has not been seen here before, is past due for a physical exam, or if there are any concerns over my cat's health while they are here, I understand a physical exam may be performed and I will be responsible for the charges.

I understand that by signing this contract I have provided proof that my cat is current on FVRCP (distemper) and rabies vaccinations. If it is discovered that my pet is delinquent on these vaccines, I agree to allow All Feline Hospital to administer these vaccinations as needed and I understand I will be responsible for the charges.

I understand that I am boarding my cat in a hospital setting, and that while all precautions will be taken to prevent the spread of any communicable disease, I assume all risks and will not hold All Feline Hospital responsible or liable.

By signing this contract I have agreed to allow treatment of my cat if he/she becomes ill while boarding. I understand that measures will be taken to keep my cat comfortable, healthy, and pain free during their visit. If an emergency situation arises I understand every measure will be taken to prevent pain, and continue life for as long as necessary for my pet. By signing this contract I understand that All Feline Hospital is to use reasonable precautions against injury, escape, or death of my pet. I will not hold All Feline Hospital responsible or liable in any manner in connection therewith as it is thoroughly understood that I assume all risks.

Maximum amount for treatment: _____

Owner must present proof that cat is current on rabies and distemper vaccinations, or the cat will automatically be vaccinated upon entry if healthy enough. If fleas or ear mites are found, treatment will be applied and charged for.

Signature: _____ Date: _____