

Boarding Admission Form

Owner : _____ Account #: _____

Cat's Name: 1) _____ 2) _____

3) _____ 4) _____

Arrival Date: _____ Departure Date: _____

Initial: _____ ALL CATS ADMITTED MUST BE CURRENT ON THEIR COMPREHENSIVE EXAMINATION BY A DOCTOR OF BRICK CITY CAT HOSPITAL AND CURRENT ON VACCINATIONS

Current Flea/Heartworm Prevention: Type _____ Last Date give: _____

You must bring all medications that your cat is taking. If you need a refill please let us know

<u>Medication Name</u>	<u>Dosage Amount</u>	<u>Dosage Instructions</u>	<u>Time Last Given?</u>

Special Instructions While Boarding

Unless otherwise instructed, your cat will receive Hill's Sensitive Stomach Dry and Fancy Feast Wet.

_____ My cat has their own food. **Detail:** _____

_____ I am leaving belongings with my cat. **List:** _____

Special procedure for my cat: (Circle all that apply): Nail trim, Apply flea med, Exam, Vaccines, Labwork, Groom/brush, **Refill Medication** _____

Is your pet prone to any recurrent problems(Y/N)? _____ EX: Diarrhea, Constipation, Vomiting

If yes, please list: _____

I want each cat to board in a: Single \$17 _____ Double \$26 _____ Quad Condo \$43 _____

Additional Boarding Services

- ☐ Diabetic Nursing Care- \$25.00 extra per day to administer insulin and monitor BG
- ☐ Medication Fee- Single med fee \$7.00/day, Multi med fee \$9.50/day
- ☐ Capstar- Administered before going home? \$7.50 fee per cat (Kills fleas for 24hrs)

Regarding the medical treatment of my pet during its stay:

- If your cat(s) becomes ill or injured, and requires medical attention, BCCH in its sole discretion after making reasonable attempts to contact the owner or the emergency contact number, may administer medicine or other treatment(s) deemed necessary to help improve the health of the cat. These expenses shall be paid by the Owner in an amount not exceeding: \$_____, **or** unlimited amount _____ (initial).
- I understand that if the treatment exceeds the designated amount or I or my emergency contact cannot be reached, my cat will NOT receive further medical treatment **even if it is life-threatening.** (Initial) _____

An initial means I have read and understand each of the following items:

1. _____ If parasites, including but not limited to fleas, tick and ear mites, are found on the pet during the stay, they will be treated as BCCH determines, and the cost of the treatments will be added to the total bill.
2. _____ If the pet is found to be aggressive and dangerous to the staff or other animals, all additional charges may be added to the total bill. EX: Calming Medication
3. _____ All reasonable precautions will be used to prevent injury and escape of the cat. BCCH is not responsible for the actions of the cat that may cause injury and escape.
4. _____ All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. Brick City Cat Hospital is given authorization to dispose of the pet(s) as they deem best, including euthanasia.
5. _____ If the pet is to be picked up by someone other than the owner, **prior** arrangements must be made with the veterinary clinic regarding the bill.

Agent: _____ **Phone:** _____

6. _____ Emergency contact who has financial authorization and say in the treatment of my cat, if I cannot be reached:

Agent: _____ **Phone:** _____

Signature of Owner or Authorizing Agent

Date

Phone where you can be reached: _____