

The Cat Hospital on Park Street Boarding Admission Form

Your name _____ Cat _____ Cat _____

Check in date _____ Check out day/date/time _____

Emergency contact phone numbers _____

Evacuation contact phone number (hurricane season) _____

Items left with us: _____

Food left with us: dry _____ cans # _____ treats _____ none _____

Feeding instructions: a.m. _____

noon _____

p.m. _____

Medicating instruction : a.m. _____

noon _____

p.m. _____

In the event of illness while boarding my cat:

a) I would like to be contacted for any minor concern, i.e. loose stool, hairball, decrease in appetite _____ initial

b) Only contact me if a major illness occurs _____ initial

c) I would like to be contacted, however, if I cannot be reached via my emergency contact number: DO NOT give medical care to my cat _____ initial DO give medical care to my cat. I accept full responsibility for all charges incurred _____ initial

Special instructions : _____

I would like my cat to enjoy a massage and relaxation therapy session: yes ___ no _____

I would like my cat to have a bath and comb-out: yes ___ no _____

Is there anything you would like the doctor to examine while here? _____

Should your cat become ill while boarding, please give us permission to transport your cat to Blue Pearl and provide them with your credit card information. There will be a fee for transporting your cat. _____

ALL CATS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION AND CORE VACCINATIONS. IF YOUR CATS IS PAST DUE OR FOUND TO HAVE PARASITES, THEY WILL BE TREATED AT THE OWNERS EXPENSE

Signature: _____ Date : _____

For staff use only : Checked in by _____ current? yes ___ no _____