

PET NAME: _____ OWNER NAME : _____

DATES BOARDING: FROM ___/___/___ TO ___/___/___

OK TO TREAT IN CASE OF AN EMERGENCY? (CIRCLE ONE) YES NO

EMERGENCY CONTACT NAME & NUMBER: _____

DIET : OWN FOOD (type: _____) or HOSPITAL FOOD : (circle) DRY | CANNED

FEEDING INSTRUCTIONS: _____

MEDICATIONS? (circle) YES / NO · if yes: (circle) OWN or HOSPITAL

MEDICATION	DOSE	DELIVERY	FREQUENCY

_____ (initials) **ALL BOARDERS ARE REQUIRED TO BE CURRENT ON VACCINES. IF YOUR CAT IS DUE FOR ANY VACCINES THEY WILL BE UPDATED WHILE THEY ARE HERE FOR AN ADDITIONAL CHARGE. EXCEPTIONS CAN ONLY BE MADE IF PREVIOUSLY DISCUSSED WITH THE VETERINARIAN.**

As part of the check-in process, a technician will look at your cat's teeth. If they think a dental is indicated they can let a veterinarian know. We can then make an assessment, contact you, and potentially perform the dental while they are already here (may not always be possible depending on length of stay). If you are interested in this service please check here: _____

Additional notes/comments (personal items left, etc):

Owner Signature _____ Date _____

			MEDS	APPETITE			URINE		STOOL		GI (vomit)	OTHER
Date	Time	Init	✓	Good	OK	Poor	✓	Time/AMT	✓	Time/AMT	Time/amt	(detail)
	__AM											
	__PM											
	__AM											
	__PM											
	__AM											
	__PM											
	__AM											
	__PM											

Check-in: weight _____ NT _____ Ears _____ Fleas _____ Teeth/Gums _____ Behavior _____

NAME: _____ DIET: _____