*Docton Animal Clinic*

CAT BOARDING INFORMATION AND RELEASE FORM

Owner's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number where we can reach you while cat is boarding**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local agent we should contact in an event of an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

Phone (home/cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cat’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age:\_\_\_\_\_\_\_\_\_\_\_ Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_($13 per day-$18 per day, if medication/insulin is required)

**Food:** We feed Purina DM dry and canned food. If your cat is on a special diet, or has a preference for other food, please bring enough for his/her stay.

Please use clinic food CAN / DRY (circle one or both)

I have supplied special food and instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications & Instructions:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Flea prevention last applied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list toys, blankets, and brushes you have brought so we may keep track of them:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A current FVRCP and Rabies vaccine is required. The Leukemia vaccine is strongly recommended. *Please initial here if you wish to decline the Leukemia vaccine for your pet: \_\_\_\_\_\_\_\_\_***

In my absence, please perform the following:

****FVRCP Vaccine ****Leukemia Vaccine **** Rabies Vaccine ****Nail Trim ****Flea treatment ****Deworm

In the event of sickness or death of the animal, please **DO/DO NOT** contact me or my local agent. If my local agent cannot be contacted, I **DO/DO NOT** authorize treatment. The cost will be the standard treatment fee schedule of Docton Animal Clinic. I place the following restrictions on treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In the event that I abandon the animal(s), I understand that I will have 72 hours to recover it after the end of the boarding period indicated above. I also understand that Docton Animal Clinic will make a good faith effort to contact me or my local agent in writing or by phone in such a case. I understand that after the 72 hour waiting period, Docton Animal Clinic will dispose of the animal as they see fit, which may include humane euthanasia. I understand that I will be responsible for all charges incurred. In the event of death of the animal, I understand that I have 30 days to pay the balance due.

Boarded pets will only be released **DURING REGULAR OFFICE HOURS**. They **WILL NOT** be released before or after hours and not on Sunday. I hereby consent and authorize Docton Animal Clinic to keep and care for the above named animal. I understand that all reasonable precautions to prevent injury or escape will be used.

I have read and agree to the above.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_