

ALL ABOUT CATS VETERINARY HOSPITAL BOARDING RELEASE FORM

Owner's Name: _____ Cat(s) Name: _____

1. Dates Boarding: From _____ To: _____

2. Did you bring CANNED food?.....Yes / No Did you bring DRY food.....Yes / No

3. If you brought food, can we also feed OUR Canned food? Yes / No OUR Dry Food? Yes / No

4. Special feeding instructions? _____

5. Do you want an exam for your cat(s)? Yes _____ No _____ (Usually, there is an additional exam charge)

6. Does your cat(s) have a medical condition? Yes _____ No _____ If yes, please describe: _____

7. Please list all medication(s) you are currently giving your cat at home:

Drug: _____ Amount: _____ How often: _____ Did you give today's dose? Y / N

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Drug: _____ Amount: _____ How often: _____ Did you give today's dose? Y / N

(You will be responsible to pay for drug refills if necessary during your cat's stay.)

8. List any items left with your cat(s) _____

9. It is common for cats in boarding to have a decreased appetite and a decrease in bowel movements. If needed, our doctors will prescribe an appetite stimulant medication or administer a mild enema. If your cat doesn't eat well during boarding, we may offer foods that are not in your feeding instructions. With any other ailments, we will contact you to discuss the recommended treatment.

10. Emergency contact person(s) allowed to authorize treatment if I cannot reached. (This contact is mandatory if you will be out of the country, on a cruise ship, or NOT NEAR A PHONE.)

Name(s): _____

Phone #'s: _____

11. What is the destination of your trip?: _____

12. Please list ALL phone numbers where you can be reached while away:
(There are extra charges if we have to make international calls to reach you.)

13. Is there anyone else allowed to pick up your cat(s)? Y / N If yes, name(s): _____

14. If an emergency arises, and I or my contact person cannot be reached, I authorize All About Cats to take the necessary steps to treat my cat and I will be responsible for additional charges incurred.

Signature: _____

Date _____

For office use only:

____ Chart Review: Technician: _____ Dr: _____

____ Medical Charges in Patient's Computer

____ Chart written up

____ Ready to go

____ Needs to see Doctor at check out