

**BOARDING RELEASE FORM**

Owner's Name: \_\_\_\_\_ Cat(s) Name(s): \_\_\_\_\_

1. Dates Boarding: From: \_\_\_\_\_ To: \_\_\_\_\_

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

If Yes: What type of CANNED/WET food: \_\_\_\_\_ How many CANS: \_\_\_\_\_

What type of DRY food: \_\_\_\_\_ How much DRY: \_\_\_\_\_

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

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

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). We are not responsible for lost or damaged items. \_\_\_\_\_

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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 attempt to contact you to discuss the recommended treatment.

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

Name(s): \_\_\_\_\_

Phone #'s: \_\_\_\_\_

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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.)

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

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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** \_\_\_\_\_

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For office use only:

\_\_\_\_ Chart Review: Technician: \_\_\_\_\_ Dr: \_\_\_\_\_

\_\_\_\_ Chart Written Up

\_\_\_\_ Ready to go  
\_\_\_\_ Medical Charges in Patient's Computer

\_\_\_\_ Needs to see Doctor at check out