

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. Did you bring TREATS?...Yes / No What kind: _____ How many to feed: _____ AM _____ PM

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

5. Special feeding instructions? _____

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

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

8. 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.)

9. List any items left with your cat(s). We are not responsible for lost or damaged items. _____

10. 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.

11. 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: _____

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

13. 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.)

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

15. 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** _____
