

**BOARDING RELEASE FORM**

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

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

2. Did you bring food and/or treats? **IF YES**, fill out table below and skip #3. **IF NO**, go to number #3

<b>CAN FOOD</b>	Brand	How many cans?	How much per day?	Okay to feed our can also?
Y N			AM: PM:	Y N
<b>DRY FOOD</b>	Brand	How much dry?	How much per day?	Okay to feed our dry also?
Y N			AM: PM:	Y N
<b>TREATS</b>	Brand	How many per day?		
Y N		AM: PM:		

3. Is it okay to feed **OUR CAN FOOD?** Y N **DRY FOOD?** Y N

4. Any additional 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), supplement(s), and/or treatment(s) you are currently giving your cat at home:

Drug	Amount	How Often	Did you give todays dose?	Given in food at home ?
			AM: Y N PM: Y N	Y N
			AM: Y N PM: Y N	Y N
			AM: Y N PM: Y N	Y N
			AM: Y N PM: Y N	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. \_\_\_\_\_

9. It is common for cats in boarding to have a decreased appetite and changes in bowel movements. If needed, our doctors will prescribe appetite stimulant medication, administer a small enema or give a probiotic. 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 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** \_\_\_\_\_

**For office use only:**

**Tech Check in:** \_\_\_\_\_ O gave cat to \_\_\_\_\_ Confirm Cage Card Correct \_\_\_\_\_ Put on Tx Sheet \_\_\_\_\_ Put on TX board \_\_\_\_\_ List in chart all meds brought, star ones in use

**Dr Check in:** \_\_\_\_\_ On Tx sheet \_\_\_\_\_ On Tx board \_\_\_\_\_ Estimate Correct \_\_\_\_\_ Chart written up correctly