



# BOARDING FORM

Owner Name: (first, last) \_\_\_\_\_ Phone: \_\_\_\_\_

Cat's Name: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_ Please call ahead if your pick-up date changes

Pick-up Time: \_\_\_\_\_  AM  PM

Our kennel has a "NO FLEAS OR TICKS" policy. If your cat is examined and found to have fleas or ticks, they will be treated. The cost ranges from \$10.40-\$63.00 per dose per cat. If your cat is on a monthly flea/tick control, please list the products name below.

If product was applied, when was it last given? Date: \_\_\_\_\_

Boarding Drop off/Pick up time is M,W,TH, F 9am-11:30am and 2pm-5pm, Certain Saturdays 9-11:30

I understand and agree

Cats that are boarded must up to date on Feline Upper Respiratory and Rabies given by a licensed veterinarian. Proof of vaccination status is required.

I understand and agree

Boarding can be a stressful time for your pet. Gastrointestinal upsets or other problems can occur. We recommend bringing their own food to help prevent any gastrointestinal upsets. Sometimes a small toy or small blanket is beneficial as well. Bedding, litterboxes, and feeding dishes will be provided by All Cats Clinic. If your cat should have a problem while boarding, your cat will be treated at the doctor's discretion.

I understand and agree

Please note the we are not responsible for any lost or damaged items left with your pet while boarding. We do not offer Sunday discharges; however, we are open every other Saturday until noon.

I understand and agree



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We do offer a minor medical insurance policy that takes care of any medicine, exam charges, and medical testes that are incurred as a result of the stress of boarding. This does NOT include deworming, vaccinations, surgery or previous conditions. The cost of insurance is \$2.75 per day per pet. Do you want insurance?

Yes  No

Please list the amount and times your cat is currently fed: \_\_\_\_\_

When was your cat last fed? \_\_\_\_\_  AM  PM

If your cat is currently taking medications, when was he/she last medicated?

\_\_\_\_\_  AM  PM  Not on Current Medications

Please list any special instructions or current medications: \_\_\_\_\_

Please list persons authorized to pick up your pet (only persons listed as authorized will be allowed to pick up your pet. ID will need to be shown to verify pick up if it's someone other than the you). Payment is still due at the time of pickup so please make prior arrangements:

Name: (first, last) \_\_\_\_\_

Please list additional persons authorized to pick up your pet:

Name: (first, last) \_\_\_\_\_

Emergency Contact

Name: (first, last) \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Today's Date