



Incoming Weight/Date _____

2012 Cat Boarding Admission Form

Pet Name:	Date(s):
Client Name:	BEST Number in the Event of Emergency:
Home Phone:	Cell Phone:
Other Phone:	Other Phone:
Where are you staying?	Phone Number at Destination:
Local Emergency Contact Name:	
Local Emergency Contact Phone Number:	
Who is authorized to pick up your pet?	
Does your pet have any special diet needs?	
Does your pet need any medications while you are out of town? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please fill out Boarding Medication Form.	
How much would you like us to feed your pet in the morning and evening?	
Is your pet currently ill or suffering from a long term illness or suffering from any special medical or behavioral conditions?	
Would you like your cat to have time out in our open play area? Yes <input type="checkbox"/> No <input type="checkbox"/> There is no additional charge, but we will allow this at our own discretion based on your cat's comfort and behavior.	
Is your cat current on the feline leukemia vaccine? Yes <input type="checkbox"/> No <input type="checkbox"/> We strongly recommend that your cat be current on the leukemia vaccine. If not, by signing this form you are accepting the risk that your cat may be exposed to feline leukemia in our boarding facility. Cats from different families are not let outside of their suites together, but the disease could be transmitted while playing through the suite doors.	

If you believe that your cat may eat the toys in our open play area, please let us know and we will not allow your cat out of his/her suite. Consuming these toys can lead to serious illness and death. We will provide your pet a climate controlled home away from home with a comfortable bed and food. If you would like to leave personal items with your pet, please understand that these items may be lost or damaged.

In order to establish a safe and healthy environment for all boarders, this facility requires that all cats have proof that appropriate vaccines have been administered and are current. Pets that are so young that they have not completed their entire series of inoculations may not yet be fully protected and, thus, owners of these cats must accept any risks of infection. All cats boarding must be current on vaccinations (rabies, upper respiratory and panleukopenia). Written proof of vaccinations from a licensed veterinarian must be provided before boarding the pet(s). If parasites are found on your pet during the stay, he or she will be treated by doctors and staff as appropriate. Additional cost may be incurred.

Please be aware: No vaccine will protect your animal from disease 100% of the time. Administration of the vaccine will greatly reduce the likelihood of your pet becoming ill and can also significantly reduce the severity of the illness if it occurs, but your pet may still get a disease even if it has been vaccinated for it.

If your pet is to be picked up by someone other than you, the owner, arrangements must be made ahead of time.

All reasonable precautions will be used to prevent injury and escape of your pet. By signing this form, you acknowledge that you understand that the risk of harm may include injury, serious illness, or death. This is a risk that you must be willing to accept as animals can be unpredictable and River City Veterinary Hospital will not be held responsible.

If your animal is on oral/topical medication or is put on oral/topical medication while staying with us, a \$5.00 per day medication administration fee will be charged. Additional fees apply to more complex situations including insulin shot administration or patients that are on more than 4 medications per day.

By signing this form, you are verifying that the above named cat(s) are in good health except as noted above and to your knowledge have not shown clinical signs of any communicable disease within the last 14 days.

In the event your cat(s) contracts a communicable disease during the time he/she is staying at our pet resort, you assume the risks and accept responsibility for the costs for all treatments. You also agree to withhold your cat(s) from the pet resort until he/she has been free of any signs of communicable disease for at least 7 days. Although risks of acquiring communicable disease are small, you must accept them and agree to hold this facility harmless from expenses incurred for treatment.

If your pet is injured or becomes sick during his/her stay with us and you elect medical treatment, you are responsible for 100% of the charges regardless of whose fault the injury was. _____

(initials)

All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. River City Veterinary Hospital is given authorization to dispose of the pet(s) as they deem best.

River City Veterinary Hospital reserves the right to use photos of your pet on the web site, broadcast your pet live on the web via the web cam, and/or in other marketing materials or social media web sites.

REGARDING MEDICAL TREATMENT OF MY PET DURING HIS/HER STAY (please initial one only):

_____ (initials) Treat my pet as needed. Do any and all diagnostic test, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s). I understand all attempts will be made to contact me prior to treatment.

OR

_____ (initials) Treat my pet as needed, but not to exceed \$ _____. I understand that if the proposed treatment exceeds the amount designated, and I or my agent (local emergency contact) cannot be contacted, my pet will NOT receive further medical treatment. I understand that all attempts will be made to contact me prior to treatment.

In the event of a life threatening emergency, regardless of whether you elect no or limited treatment of your pet(s), River City Veterinary Hospital will treat your pet with the limited treatment necessary for life saving measures. River City Veterinary Hospital will always call you to seek authorization and direction for treatment in advance if time allows, but in the event you are unreachable or time does not allow, treatment will be performed and you will be responsible for the charges.

By signing this form you are acknowledging that you have read and understood all the conditions outlined within the form and agree to comply.

Signature of Client

Date

Witness