



Kitty Boarding Consent Form

Client Name: _____

Pet Name: _____

Check-in Date: _____ Check-out Date: _____

Approximate Pick up time: _____

VACCINES DUE? Yes _____ No _____

Requirements: Annual Fecal Test, Annual Wellness Exam, Rabies Vaccine, FVRCP Vaccine, *Leukemia Vaccine
*Not required for boarding, but recommended annually for pets well being

Paperwork done _____ (Initials) IPE Board _____ (CRS or ACS Initials) Weight _____

Medications: (Medication Chart must be attached) CRS initials _____
(Additional Fee)

Yes _____ No _____

Do you need any medications refilled? (We will contact you if your pet runs out of medication while boarding!)

Date of last Heartworm and Flea & Tick preventative? _____ Need us to give? _____

*If last treatment was over 1 month ago, the staff is required to administer doses of your pet's last Heartworm and/or Flea & Tick preventative at the owner's expense.

Kitty Package Choices:

_____ Basic Package _____ VIP Package _____ Premium Package

Feeding:

Feeding Instructions: Once: (choose one) AM \ PM Twice daily Three Times Daily

Own\Ours: _____

Does your pet need to eat today? _____

Any Food Allergies? _____

Any health issues we should be alerted to this stay? _____

Belongings Brought from Home (detailed):

Ancillary Services:

Professional Grooming? Appt. Date _____ Consent Form _____

Nail Trim? _____ Brush Teeth? _____ How often? _____

Brush-out? _____ How often? _____ Weight? _____

Checked-in by: (CRS initials) _____ (ACS initials) _____

Your pet's health and happiness is our primary concern. If the pet care attendants notice any medical problem they will attempt to contact your emergency number. An emergency contact MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decision for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful, medical decisions regarding your pets care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.

Owner's Signature _____

Emergency Telephone Number _____