



Cat Dayboarding Consent Form

Pet Name: _____
Client Name: _____
Phone Number: _____
Date: _____

<reminders>

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

VACCINES DUE? Yes _____ No _____

Paperwork done by: _____ (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/Flea & Tick? _____ Need us to give? _____

Feeding Instructions: how much? _____ How often SID AM\PM BID TID
Our supply or own supply? _____
Has your cat eaten today? _____
Any Food Allergies? _____
Belongings Brought From Home (list in detail):

Ancillary Services:

Nail Trim? _____ Ear Cleaning? _____ Brush Out? _____

Owner's Signature _____
Emergency Telephone Number _____