

Mid Atlantic Cat Hospital

Boarding Agreement

Date _____ Name of Cat _____

Owner's Name(s) _____

Emergency Contact & Phone _____

Date and approximate time your cat will be picked up _____

Please Mark the Appropriate Boxes Below

Beach House: \$30.00 per night

Offers your cat special attention to meals, behavior and health observations, and human contact to make him/her feel at home. Your cat will be housed in an extra-large, 5-level beach house with individual ventilation systems. Your cat will also be offered daily brushing, treats, and play time.

Bungalow: \$30.00 per night

Offers your cat the same service as the Beach House, but in a sprawling two-level area that's perfect for senior cats.

Roommate _____

Boarding with oral or injectable medication: This service is offered at \$5.00 per day, plus the cost of medication, if not supplied by owner.

My cat requires medication. (Please list medications, dosages and instructions on the back of this form.)

My cat does not require medication.

Diet: Unless otherwise instructed, we will offer your cat premium dry and canned food. If your cat has other dietary needs, you can provide the food or it may be provided at current charges. (Please see back of this form.)

Vaccinations/Test: Vaccinations for FVRCP (Distemper/Upper Respiratory) and Rabies, as well as a Feline Leukemia Virus (FeLV) test, must be current. If they are past due, your cat will be examined and given the necessary vaccinations or test upon admission, and current charges will apply.

If your cat is not currently a patient with us, we require that it have an examination by one of our doctors prior to boarding. Current charges will apply. If currently a patient here, an exam within the last year is sufficient. All cats entering the hospital must be free of external parasites (fleas, ticks, etc.). Your cat will be checked on admission for external parasites, and if any are found, will be treated at your expense.

Comments or requests: _____

Cats are released during regular hospital hours. A cat not claimed within ten days of pick up date without new provisions being made, will be considered abandoned and handled according to our best judgement.

Our regular hours are:

Monday: 7am-7pm Tuesday: 7am-6pm Wednesday: 7am-7pm
Thursday: 7am-6pm Friday: 7am-5pm Saturday & Sunday: Closed

Although we are not open for client services, pick-ups or drop-offs on Saturdays, Sundays, and major holidays, caretaking staff will be on-site.

If an emergency arises, I authorize services including use of anesthesia, if necessary, for the well-being of my cat. If anesthesia is required or my cat's condition changes, I understand the doctor will try to contact me prior to initiating treatment. If the doctor is unable to reach me, I give permission for the doctor to proceed with treatment as deemed necessary for the well-being of my cat.

Full payment is required when your cat is released.

Signature _____ Print Name _____

Boarding Admission

Patient _____ Beach House Bungalow
Boarding Dates From _____ To _____ Estimated Pick-Up Time _____

Feeding Instructions

Our Food: Regular Light Kitten Senior
 Dry Canned Both
Owner's Food — What is it? _____
 Dry Canned Both How Much? _____

Medications/Strengths

Medication and Strength	Current Dose	Frequency	Last Given	Need to Refill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Patient's Personal Items

Office Use Only

Patient Information & Services Needed

Exam: Kitten Senior Wellness Unwell MPE Vax Booster
Vaccines: Rabies FeLV FVRCP
Lab Work: FeLV/FIV Fecal Other _____
Nail Trim: Yes No
Anything Else? _____
Parasite Control? None Revolution Advantage Frontline Heartgard

Admin Info:

Deposit Received: Yes No Estimates Given: Yes No
Wellness History form filled out if an exam is needed: Yes No
Treatment Consent Form signed if any treatment to be done besides boarding and vax: Yes No

Admitting — Front Desk _____

Boarding Check-In Info:

Cage Card _____ Carrier Labeled _____ ID Collar _____ Comp/Boarding Notes _____
White Board _____ Surgery Board _____ Charges _____
Flea Check: No Fleas _____ Flea Dirt _____ Fleas _____ Capstar Given _____
Admitting — Caretaker _____

Weight _____
Temp _____

Boarding Check-Out Info:

Personal Items _____ Medications _____ Food _____ Medical Report Card prn _____
Boarding Report Card Completed _____ Plus Care Toy _____ Hygiene Check _____
Discharge — Caretaker _____