BOARDING CONSENT FORM

Owner Name: ____________________  Patient Name ____________________

Boarding Arrival Date: __________  Boarding Pick-Up Date: __________

Before 12pm  After 12pm

*We request boarders be picked up prior to 1 hour before closing.

BOARDING REQUIREMENTS

All cats boarding are required to have the following:

• Current vaccinations: Rabies, FVRCP (Distemper)
• Current examination (within 1 year) by one of our veterinarians
• Current FeLV (Leukemia) test: Indoor/outdoor cat within 1 year, Indoor only cat 1 in lifetime

FLEA AND TICK POLICY

For the safety of your cat and your cat’s health, we require all boarding and surgical patients to be free of fleas and ticks. If staff finds any parasites on your cat, we will administer parasite control at the owner’s expense.

BOARDING CARE PACKAGES

Please choose one of the following nightly package options:

- VIP Package $36.00 per night/1st cat
  - $31.00 per night for each additional cat*
  - Includes: Daily playtime, treats, toy to go home with, brushing, daily email/text update
  - Administration of medications (up to 4 medications)

- Standard Package $30.00 per night/1st cat
  - $25.00 for each additional cat*
  - Includes: Daily playtime, treats, brushing, and toy

- Diabetic Package $40.00 per night
  - Includes: Daily playtime, treats, toy, brushing, daily email/text update
  - Includes daily administration of insulin and nursing care
  - After hours injection fees may apply (if necessary)
  - Glucose level checks may apply if warranted by the DVM (additional cost)

- Special Needs/Care Package $45.00 per night
  - For cats needing special care including:
    - Cats on 5 or more medications
    - Cats requiring bladder expressions, wound care, post-operative care, or other certain health conditions requiring more intensive nursing care/monitoring
    - Includes: Daily playtime, treats, toy to go home with, brushing, daily email/text update

*additional cats qualify if in same shared unit

For all packages other than the standard package, how do you wish to receive your updates? CHOOSE ONE

- Text
- Email

ADDITIONAL SERVICES

- Examination
- Vaccinations
- Labwork
- Rabies
- FVRCP
- FeLV
- Nail Trim ($16)
- Fecal Parasite Test
- Other: __________________________

MEDICATIONS

Name ___________________________ Dose _____________ Frequency _____________ Last given _____________

Name ___________________________ Dose _____________ Frequency _____________ Last given _____________

Name ___________________________ Dose _____________ Frequency _____________ Last given _____________

Name ___________________________ Dose _____________ Frequency _____________ Last given _____________

PATIENT INFORMATION
Is Linus ☐ Indoor ☐ Indoor/Outdoor ☐ Monthly Preventatives: ______________________________
Last given:

Feeding Instructions for Linus:

☐ Own Food ☐ Kennel Food

Food Allergies: ☐ Yes ☐ No

Morning Amount of Food: ______________________________ Evening Amount of Food: ______________________________

If your cat(s) is/are not eating, can we feed them an alternative food? ☐ Yes ☐ No

Can your cat(s) be given treats? ☐ Yes ☐ No

Additional Information:

List of belongings:

______________________

AUTHORIZATION
I understand the following: (read and initial each statement)

_____ I understand requirements for boarding and authorize services if necessary.

_____ 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 judgment. Regular hours are: Monday & Wednesday 7am-7pm; Tuesday Thursday 7am-6pm; Friday 7am-5pm; Saturday/Sunday Closed. Although we are not open for client services, pick-ups or drop-offs on Saturday/Sundays and major holidays, staff will be on site to care for cats. All drop offs/pick ups should occur after 8am and at least 1 hour prior to closing.

_____ 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.

_____ I understand that my cat must be free of internal and external parasites and that my cat will be treated by MACH upon entry or discovery at the owner/agent's expense.

Owner/Agent ______________________________ Owner Ph # ______________________ Date: 8/15/2019

EMERGENCY CONTACT ______________________________ EMERGENCY NUMBER ______________________________

FOR OFFICE USE ONLY
Front Desk - (Initial Each) Estimate Given______ Deposit Received ______

BOARDING CHECK-IN (Initial Each) -
Cage Card _____ Carrier Labeled _____ ID Collar _____ Brd Whiteboard _____
Services Scheduled AND added to CS WB ________ Comp/Boarding Notes _____ Charges _____ Toy _____

FLEA CHECK: No Fleas _____ Flea Dirt _____ Fleas _____ Capstar Given _____
Weight _______ Temp _______ Weight/Temp entered into Cornerstone ______