

Owner Name: _____

Patient Name _____

BOARDING CONSENT FORM

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:

All boarders will be housed in a Beach House or Bungalow depending on availability as well as age and condition of cat

<input type="checkbox"/> VIP Package	\$36.00 per night/1st cat	<ul style="list-style-type: none"> • \$31.00 per night for each additional cat* • Includes: Daily playtime, treats, toy to go home with, brushing, daily email/text update • Administraton of medications (up to 4 medications)
<input type="checkbox"/> Standard Package	\$30.00 per night/1st cat	<ul style="list-style-type: none"> • \$25.00 for each additional cat* • Includes: Daily playtime, treats, brushing, and toy
<input type="checkbox"/> Diabetic Package	\$40.00 per night	<ul style="list-style-type: none"> • 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)
<input type="checkbox"/> Special Needs/Care Package	\$45.00 per night	<ul style="list-style-type: none"> • For cats needing special care including: <ul style="list-style-type: none"> • 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

PLEASE COMPLETE ATTACHED CONSENT FORM FOR EXAMINATION

Vaccinations

Rabies FVRCP FeLV

Labwork

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 ____