



Feline Boarding Admission

Owner's Name: _____ Pet's Name: _____

Contact Number: _____

Emergency Contact: _____

Boarding Dates: Drop Off: _____ Pick Up: _____ Vaccine History: Current Update Today

Do we have permission to use photos of your pet on our Facebook, Instagram or our website?

Yes No

Vaccination Policy: I understand that state law requires Rabies vaccination for all pets. I also understand clinic policy requires Feline Distemper vaccine be current. I can and will provide written evidence of current vaccinations prior to boarding or my kitty will be vaccinated.

OWNER/AGENT INITIALS: _____

Fleas: If any fleas are seen on my pet, I understand that my pet will be given an oral "Capstar" flea tablet to eliminate any fleas that may be on my pet. The charge for each "Capstar" is \$10.75

OWNER/AGENT INITIALS: _____

FeLV/FIV Policy: I understand that it is clinic policy for my pet to have a verifiable current negative FeLV/FIV status in order to be boarded in the regular boarding facility. This includes the playtime in the playroom. I can and will provide written evidence of negative status and current FeLV vaccination prior to boarding. If no records are available and I so desire, CCF can administer all appropriate tests and vaccines on the day I drop of my pet for boarding.

OWNER/AGENT INITIALS: _____

Boarding Accommodations: Charged nightly

- Standard Boarding: \$25.00 (Two 3X3 Cubes)**
- Premium Boarding: \$35.00 (Four 3X3 Cubes, Not available during holidays)**
- Medicated Boarding: \$35.00 (Daily Medication Administration)**

Additional family members in the same unit:

Adults: \$20.00 per night **Kittens:** \$15.00 per night

Special Instructions: _____

Owner Release: I understand that Cat Care of Fayette cannot guarantee the health of my pet. I will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as weight loss, diarrhea, and respiratory infections. I understand **ALL** pets admitted to the clinic must be protected against FVRCP and RABIES and must be free of all external parasites. I understand that in the event of my pet's illness, Cat Care of Fayette will immediately attempt to contact me to discuss the problem and treatment options. If I cannot be immediately reached, Cat Care of Fayette is authorized to initiate appropriate treatment until I can be reached.

If any problem is observed or develops:

- Please treat my pet as required.**
- Perform only supportive care. Notify me for permission to begin any other treatment.**
- Do not perform any diagnostics and/or treatment until I am notified and have given my consent. I accept all responsibility for my pet's health.**

Should an **EMERGENCY** arise, I authorize Cat Care of Fayette to sedate my pet and perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I understand that any problem will be treated as noted above and I assume full responsibility for the treatment expense incurred.

OWNER/AGENT INITIALS: _____

I will call if my "pick-up date" changes so that Cat Care of Fayette can plan accordingly. If I neglect to pick up my pet within 10 days of the scheduled discharge date, and do not notify the clinic, Cat Care of Fayette may assume my pet is abandoned and is authorized to make arrangements for my pet as deemed necessary.

Owner/Agent signature: _____ **Date:** _____

I would like this form kept on file for 6 months