

Your Cat's Boarding Information for The Cat Practice Kitty Camp



The Cat Practice looks forward to caring for your cat(s) while you are away. Please complete and return this boarding information form (2 pages), or plan enough time to fill out forms and meet with staff (if required) at boarding admission to ensure a smooth and care-free stay for your cat.

CHECK-IN DATE _____ **CHECK-OUT DATE** _____

Your name _____ Emergency contact name _____
 Phone number(s) while away _____ Emergency contact phone number _____
 Email _____ Emergency contact email _____

YOUR CAT'S INFORMATION

Cat's name _____ (Complete separate forms for each cat)

Cat's regular diet: Dry _____ Can _____

List favorite flavors or style of food (ie: beef/chicken, pate/chunky/gravy) _____

Special dietary needs? _____

MEDICATIONS	DOSE	HOW OFTEN	LAST GIVEN (date, time –AM or PM)	NEED REFILL?
1. _____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	<input type="checkbox"/>

(Use alternate sheet for additional medications)

❖ **Mark (✓) additional services to complete during your cat's boarding stay for an additional charge:**

Exam _____ Vaccines _____ Fecal
 Labwork _____ Grooming _____ Other _____

❖ **Indicate (✓) your wishes for appropriate and reasonable medical care if your cat requires treatment:**

Begin treatment prior to client contact, up to \$_____.
 Do not begin any non-emergency medical care until client authorization is given.
**This option could delay improvement in your cat's condition.*

❖ **We recommend current flea preventative while boarding. Indicate (✓) your wishes for your cat.**

I consent to The Cat Practice applying a dose of flea preventative at a charge of \$36.
 I, as owner/guardian, have applied a dose of flea preventative within the last 30 days.
 I decline the application of flea preventative, unless it is found that my cat arrived with fleas.

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Cat's name _____ (Complete separate forms for each cat)

❖ **Does your cat have any concerns with the following?**

(Place ✓ in box to indicate yes or no, describe if applicable, including duration of symptoms)

	Yes	No	Describe (ie: increased, decreased, frequency, which eye/leg?)	# of days
Eating/drinking				
Sneezing/coughing				
Watery eyes/nose				
Vomiting/diarrhea				
Lethargy				
Urinating/defecating				
Scratching				
Limping				
Any known allergies				
Behavioral changes				
Other symptom not noted				

❖ **Additional information to know about your cat during its stay. Favorite toys? Treats? Personality?**

As owner or guardian of this cat, I give permission to The Cat Practice to treat, prescribe, or otherwise care for the above cat as deemed necessary. Should injury or circumstance warrant the need for emergency treatment, I understand The Cat Practice will try to contact the necessary people before treatment, but will exercise the option to proceed if no one is available. I understand that exams and other services will be charged for, in addition to boarding fees.

Sign your name to indicate you have read and agreed with the above.

Signature _____ Date _____

For Staff Only

Initials/(v)	Confirm Boarding Check-In:	Initials/(v)	Confirm Boarding Check-Out:
	1. Check-in Weight <input style="width: 100px; height: 20px;" type="text"/>		1. Check-Out Weight <input style="width: 100px; height: 20px; border: 2px solid red;" type="text"/>
	*Previous weight : <input style="width: 100px; height: 20px;" type="text"/>		2. Services completed, charged for
	2. Contact information		3. Owner's items returned (rx, food, blankets)
	3. Favorites foods		4. Nail trim performed if needed
	4. Medications/dosage		5. Prepared, printed report card for client
	5. Services to do (exam, vaccines, fecal, blood test)		
	6. Apply flea prevention if requested, check for flea dirt		
	7. Nail trim performed		
	8. ALL information entered into TCP system		