



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 this boarding information form (2 pages) and you will meet with staff to ensure a smooth and care-free stay for

Arrival Date

Departure Date

Client Phone Number while away _____ Email _____ Permission to text you questions, concerns or photos _____	Emergency Contact Name _____ Phone Number _____ Email _____
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Boarder

* Needed to board: ☐ Exam ☐ Rabies ☐ Distemper ☐ Leukemia/FIV Test ☐ Fecal

Regular Diet: Canned _____ Dry _____

List favorite flavors and style of foods (i.e. beef, chicken and pate', chunky, gravy) _____

Can we substitute if not eating?: _____

	Medications	Dose	How Often	Last Given	Need Refill?
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	
5.	_____	_____	_____	_____	

Do you wish to have screening lab bloodwork done while here? _____

* 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 prevention while boarding. Indicate your wishes for your cat:

- ☐ I consent to The Cat Practice applying a dose of flea prevention at a charge of \$39.
- ☐ I, as owner/gaurdian, 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.

* Does your cat have any concerns with the following?

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

Concerns:	Yes	Describe (ie:increased, decrease, frequency, which eye/leg?)	# of days
Eating / Drinking			
Sneezing / Coughing / Eye Discharge			
Vomiting / Diarrhea			
Urinating / Defecation			
Any known allergies			

Does Sprinkles get any free time outside?		
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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.

I am also aware that there is no Cat Practice staff on duty overnight, usually between 10 pm and 7:30 am.

Please sign below to indicate you have read and agreed with the above statement.

Signature _____ Date _____