

DOGWOOD ANIMAL HOSPITAL
BOARDING RECORD FOR CATS

Owner's Name: _____

Cat's Name: _____

I plan to board my cat(s) from _____ until _____
_____. I plan to pick up my cat(s) (before 12:00 p.m./after 2:00 p.m.).

All cats boarding here must have current proof of vaccinations including one for feline leukemia. They also are required to have been given a physical examination within one year. If necessary, vaccinations and a complete physical and fecal check will be provided at normal fees.

Please indicate any special feeding or care that your cat may require:

I DO / DO NOT WANT MY CAT TO HAVE A BATH
(Please circle one)

I hereby authorize Dogwood Animal Hospital to perform the following procedures that are required before boarding.

- | | |
|--|--|
| <input type="checkbox"/> FVRCP | <input type="checkbox"/> Physical Exam |
| <input type="checkbox"/> FeLV/FIV test | <input type="checkbox"/> Fecal check |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Rabies (1 yr) |
| <input type="checkbox"/> Other _____ | |

You will be charged a \$2.50/day additional medication fee for cats that require frequent medication, or that need regular lab testing (A good example is a diabetic pet). Please feel free to consult the receptionist if you have any questions about costs.

I may be reached in case of emergency at: _____

If I am unavailable you may contact _____

at _____.

Who will be picking up your pet? _____

I fully understand the above, and I authorize **Dogwood Animal Hospital** to provide emergency treatment if needed:

Signature: _____

Date: _____