

FELINE BOARDING INFORMATION

We realize there's no place like home but we will try to make your pet's stay with us as comfortable as possible. You can help us by providing the following information.

DATE _____ YOUR NAME _____ PET'S NAME _____

VACCINATIONS: For the protection of all pets, vaccinations are required within the past 12 months and if not done or if verification not presented, we will vaccinate and treat your pet upon admission.

The following vaccinations/treatments are required, list the date each vaccination/treatment was last given:

RABIES _____ FVRCP _____ DEWORM _____

ALL PETS ARE REQUIRED TO BE FLEA AND TICK FREE: All cats will be inspected for fleas, ticks and other parasites when admitted. If found, they will be treated as necessary. An itemized receipt will be provided upon discharge.

FEEDING INSTRUCTIONS: _____ CUPS every _____ hours. Own food? YES NO
 (quantity) Eaten today already? YES NO
 _____ CANS every _____ hours.
 (quantity) Other feeding instructions: _____

MEDICATION/SUPPLEMENT	DOSE	INSTRUCTIONS	LAST GIVEN

SPECIAL REQUESTS: _____

*****PETS CAN BE RELEASED ONLY DURING REGULAR BUSINESS HOURS*****

DATE GOING HOME: _____ AM PM
 (day) (date)

Name of person picking up if other than owner: _____ phone number: _____

Credit Card information (if owner not picking up/new client/pre-pay) _____
 (Type) (Number) (Exp)

MEDICAL PROBLEMS WHILE BOARDING: We try to make your pet's stay as pleasant as possible but occasionally illnesses or emergencies do occur. For this reason, we need to have your permission to provide treatment. We will make every attempt to contact you as soon as possible about anything other than minor problems. A written summary of any problems / treatments and an itemized receipt will be provided upon discharge.

I hereby give permission for Trailridge Pet Hospital to treat any medical problems that occur while boarding.

SIGNATURE _____ **Contact number ()** _____

OFFICE USE:	
BELONGINGS: Collar: _____	Leash: _____ Towel/Blanket/Bedding: _____
Carrier: _____	Toys: _____
Food/Treats _____	Other: _____
BOARDING EXAM _____	ENTRIES CHECKED ON COMPUTER _____
(initials)	(initials)