

Coronado Veterinary Hospital Boarding Authorization Feline

Arrival Date: _____ Departure Date: _____

Owner ID:	Patient ID:
Owner Name:	Patient Name:
Address:	Breed:
	Sex:
	Color:
Telephone:	Birth Date:
Email:	Microchip #:

NO EXCEPTIONS: We require all cats have proof of a negative fecal parasite test within 1 month of boarding, as well as current examination, rabies and fvrpc vaccines. If any of your cats' vaccinations or exam are past due, they must be inoculated and examined to board. Negative fecal test results must be obtained prior to board or we will not allow your pet to board. Young cats that have not yet completed their entire series of vaccinations may not be fully protected therefore owners are required to accept any risks of infection. Please enter the following information:

Vaccine/Test Name	Given Date	Due Date
FELINE FVRCP-C VACCINE		
FELINE RABIES VACCINE		
FELINE LEUKEMIA VACCINE (not required)		
FECAL PARASITE TEST (required within 1 month)		

1. If your cat will be receiving medication during its stay, the medication must be in the original veterinary-labeled container with instructions for administration. Fees for medications that need to be filled or refilled during the time your cat is boarding will be added to your invoice.

- Does your cat require medication while boarding? _____yes_____no

Please list the names of those medications, the dosage, and the last time given:

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2. Did you bring your own food? _____yes_____no

3. How often and how much food should your cat be fed?

4. IN CASE OF EMERGENCY: If my cat becomes ill, I request that Coronado Veterinary Hospital provide:

_____only lifesaving treatment without contacting me or my emergency contact first.

_____medical/surgical treatment it deems necessary, with fees not to exceed \$_____.

_____medical/surgical treatment it deems necessary.

Emergency Contact Name(s): _____ Phone Number(s): _____

Requirements

1. Cats must be picked up between 8am-7pm Monday-Wednesday, 8am-6pm Thursday, 8am-5pm Friday or 8am to 1:30pm Saturday. Discharges after hours are prohibited. The kennel is closed Sundays.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. By signing you agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas.
5. All animals must be current on all vaccinations.
6. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.

I agree to make complete payment to this facility at the time of discharge. I certify that my cat appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my cat within ten days of notification to the above address, my cat may be considered abandoned and will be handled in accordance with the requirements of state law, and that doing so does not relieve me of my financial obligations to this facility. I acknowledge that in the event of my cat's illness, the staff at Coronado Veterinary Hospital may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate authorized treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my cat until I am available to discuss further care and related fees with the attending veterinarian.

I have read and understand Coronado Veterinary Hospital's boarding requirements and agree to the hospital's policies.

Signed: _____ Date: _____