Docton Animal Clinic

CAT BOARDING INFORMATION AND RELEASE

Owner's Name: Date:
Address:

Phone Number where we can reach you while cat is boarding: _____

Local agent we should contact in an event of an emergency: _____

Address: _____
Street City Zip
Phone(home): _____(work)_____

Cat's Name Short/Long hair (*circle one*) Cat's age/DOB: Color:
Board from: _____to_____($13.00 per day)

Food: We feed Purina DM canned & dry. If your cat is on a special diet, or has a preference for other food, please bring enough for their stay.

☐Please use clinic food: CAN/DRY (circle one or both)
☐I have supplied special food and instructions: Name of food: _____

Feeding instructions: _____

Medications: Please list any medications and instructions: _____

_____

_____

Please list toys, blankets, and brushes you have brought: _____

A current annual FVRCP and Rabies vaccine is required for all cats. In my absence, please perform the following:
☐FVRCP Vaccine ☐Leukemia Vaccine ☐Rabies Vaccine ☐Nail Trim ☐Flea treatment Other: _____

In the event of sickness or death of the animal, please **DO/DO NOT** contact me or my local agent. If my local agent cannot be contacted, I **DO/DO NOT** authorize treatment. The cost will be the standard treatment fee schedule of Docton Animal Clinic. I place the following restrictions on treatment:_____.
In the event that I abandon the animals(s), I understand that I will have 72 hours to recover it after the end of the boarding period indicated above. I also understand that Docton Animal Clinic will make a good faith effort to contact or my local agent in writing or by phone in such a case. I understand that after the 72 hour waiting period, Docton Animal Clinic will dispose of the animal as they see fit, which may include humane euthanasia. I understand that I will be responsible for all charges incurred. In the event of death of the animal, I understand that I have 30 days to pay the balance due.

Boarded animals will only be released **DURING REGULAR DOCTON ANIMAL CLINIC OFFICE HOURS**. They **WILL NOT** be released before or after hours and not on Sunday. I hereby consent and authorize Docton Animal Clinic to keep and care for the above named animal. I understand that all reasonable precautions to prevent injury or escape will be used.

I have read and agree to the above.

Signature:_____ Date: _____