Waverly Animal Hospital, Boarding & Grooming

233 S. Waverly Road | Lansing, Michigan 48917 | (517)323-4156 www.waverlyanimalhospital.com

FELINE BOARDING AGREEMENT

Date: This a	greement is valid for one year from thi ("owner" refers to pet owner)	s date.	
Cat's Name:	Owner's Name:	E-Mail Address:	
Home Phone:	Work Phone:	Cell Phone:	
Emergency Contact Name: (Other than Owner)	Emergency Contact Phone:	Authorized visitors or drop-off/pick-up (if other than owner):	
Primary Veterinarian Name/Facility:	Primary Veterinarian Phone:	Permission to Obtain Veterinary Medical Records in necessary (circle): YES NO	
VACCINATION	AND INTESTINAL PARASITE SO	CREEN POLICY	
to be vaccinated by a veterinaria combination (often listed as RCP).	d to prevent the spread of disease am an for the following: rabies and rhinotral t is highly recommended that all vaccia negative intestinal parasite screen (acheitis/calici virus/panleukopenia inations be up to date at least 7 days	
Date Given:	Date Given:	Date Given:	
available. We will contact the number be reached the veterinary staff will be reached	injury during boarding or daycare meders provided if medical treatment is defill use judgment in what is in your pet's or emergency contact is unable to be the following amount: \$	emed necessary. If no one is able to s best interest. Should immediate	
Owners Signature:	Date:		
-OR-			
DO NOT PROVIDE MEDICAL TREAT event of a life-threatening medical of judgment and your cat may be exar	condition or injury Waverly Animal I	Hospital, P.C. will use necessary	
Owners Signature:	Date:		
*Treatment and testing is required the diarrhea, fleas, etc) and owner is resp			

Medications and Health Conditions

Please list medications yo	our pet requires, there is an a	additional fee for our medi	ical staff to administer:	
Name of Medication	Quantity Given	Frequency	Time of last dose given	
Please list any medical co	onditions or health concerns y	our cat has:		
Has your cat ever had a s	seizure? If yes, list last date o	of seizure and any treatment	ts:	
Please list any other perti	nent information about your c	at:		
	<u>Feeding</u>	<u>Information</u>		
1. Does your cat have for If YES, please list the			NO	
2. Does your cat have a	history of a sensitive stomach bet normally eat? Please list be		NO	
4. How much do you feed	d your cat and how often?			
5. Did you bring your cat6. If we are feeding your	's food for his/her stay? cats, please circle what you w		NO	
Science Diet Sensiti	ve Stomach Iams Original	Other*:		
Waverly Animal Hospital'	pay for any veterinary prescrips staff will use their best judgn during their stay.	nent in adjusting diets for pe	for their pet. ets refusing to eat, being finicky	
	Boarding Disclai	mers and Provisions		
Boarding is charged charge for one night		e time the pet is admitted or	r released. There is a minimum	
	up during hours of business;	discharges after hours are	not allowed.	
3. Personal items are left at owner's risk. We are not responsible for loss or damage.				
	arriee for medication administration for the first fees for bath, brush, and nail		ng, and extra playtimes.	
6. Waverly Animal Hos	pital reserves the right to refu			
	ets or our staffs' safety.	se or han cats from certain	activities or the facilities	
 Waverly Animal Hospital reserves the right to refuse or ban cats from certain activities or the facilities. Owner agrees to pick up pet on the scheduled day or to notify Waverly Animal Hospital if reservation needs 				
	e pet will be considered aband			
			spital. Waverly Animal Hospital s not relieve owner of financial	
obligation to Waverly	y Animal Hospital.			
9. Owner certifies that true.	to the best of their knowledge	all behavior and medical in	formation on this statement is	
10. Owner agrees to ma	ike complete payment to Wav Animal Hospital reserves the		ling and Grooming at the time of eposits at their discretion.	
I HAVE READ, UND	ERSTAND AND AGREE	TO ALL PROVISION	S OF THIS AGREEMENT	
Client/Owner Name:	Sig	nature:	Date:	