

KITTY CONDO

Animal Care Hospital, 1410 N. Liberty Street, Morris, IL 60450 (815) 941-9924

Our deluxe accommodations include separate condos for kitties, with a view! They are also air conditioned in the summer. We feed all cats staying with us, Science Diet Sensitive Stomach dry cat food, unless you provide us with their own food. Your pet's vaccinations must be current as well as administered by a licensed Veterinarian. Your pet must also be free of internal parasites (such as worms) and external parasites (such as fleas and ticks). If not, your pet will be treated accordingly, for safety and hygienic reasons.

Owner's Name: _____ Pet's Name: _____

Phone number where you can be reached during your pets stay: _____

Emergency Contact Name and Phone Number: _____

Date of Admission: _____ Date of Discharge: _____

Name of non-owner picking pet Up: _____ When your pet last ate? _____

Items left with pet:* Own Food Treats List out all Medications to be given during stay: _____

Please Do Not Leave Items Other Than Food, Treats, and Medications with Your Pet

Feeding Instructions: _____

My pet had _____ Flea prevention given on _____. My pet will bet treated if fleas or flea dirt is found on them. _____ initials

Should your pet need medical attention while boarding, may we administer basic treatment and or medications until you can be notified?

YES NO

Critical Resuscitation Directive Info Provided and Online at achmorris.com: Attempt Resuscitation DNR

KITTY CONDO FEES

- | | | |
|-------------------------------|--------------------------|---------------|
| <input type="checkbox"/> 6515 | BOARDING** | \$23.25/NIGHT |
| <input type="checkbox"/> 1403 | ALTERED PET DISCOUNT | -\$1.00/NIGHT |
| <input type="checkbox"/> 3802 | WELLNESS CLIENT REWARDS | -\$1.00/NIGHT |
| <input type="checkbox"/> 1540 | HOLIDAY FEE/ PER HOLIDAY | \$14.75 |

ADDITIONAL PAMPERING

- | | | | <u>SCHEDULED ON</u> |
|-------------------------------|---|------------------------|---------------------|
| <input type="checkbox"/> 8510 | BATH | \$25-47 | _____ |
| <input type="checkbox"/> 2280 | EAR CLEANING | \$29.99 | _____ |
| <input type="checkbox"/> 3799 | NAIL TRIM CAT | \$14.50 | _____ |
| <input type="checkbox"/> | WELLNESS CARE NEEDED | | _____ |
| <input type="checkbox"/> 6517 | COAT BRUSHING | \$8.50/DAY | |
| <input type="checkbox"/> 6500 | ADMINISTER MEDS/Supplements | \$12.99/STAY | |
| <input type="checkbox"/> 6501 | ADMINISTER MEDICATIONS (Holidays & Sundays) | \$11.50/Day or Holiday | |
| <input type="checkbox"/> 4647 | DEA Medication Monitoring Fee (one or more) | \$17.00/Stay | |

*Additional fees may be applied, depending on when medication is required

**Additional fees may apply to minimize stress and anxiety for stressed patients.

List Here all health services to be provided for your pet during their stay: _____

(Estimates may given upon request)

***PLEASE PLAN TO PICK UP YOUR PET AT LEAST 30 MINUTES PRIOR TO CLOSING. PLEASE CALL WITH ANY QUESTIONS.**

I read this consent form and understand Critical Resuscitation Directive and agree to all requirements of the hospital for my pet(s) to be boarded. I also understand that the staff will do everything possible to keep my pet(s) comfortable during the stay and that additional fees will be assessed should illness occur or treatments be necessary. I understand that payment in full will be required when my pet is released from Animal Care Hospital.

Signature: _____

Date: _____