FELINE BOARDING AGREEMENT Pet's Name:							
				mergency Contact:		Distempe	r/Upper Respiratory:
				Primary Vet:		Distempt	
				/ax check(office use only): 1	2		
Medication Name & Strength	How Many	How Often	How is this medication given?				
Is your pet on Heartworm Prevent Is your pet microchipped? Are dietary substitutions such as k Does your pet have any allergies/ What are your pet's eating habits a Feeding Instructions:	ion?	No Flea/Tick t brand of food does tuna allowed if you □Yes No □Yes Grazes	your pet eat at home? r pet is not eating?				
Please list all your pet's belonging	s you will be bring	ing:					
Would you like any enhanceme r Bustin' Loose – \$5.50 How often:	🗆 Kitty N	1assage \$8.00 ften:	□ Nail Trim - \$18.00				
Does your pet have any Doctor app My boarding treatment plan states		-	No If Yes, give details: And is good until:				
	cat each night will	•	my wishes during my pet's boarding stay. I nit □ \$30—Double Unit □ \$33—Penthouse				
SIGNED		DATE					
BOARDING DEPT. MEMBER			DATE				
	Δ٨	JIMAL CARE CENTER					

ANIMAL CARE CENTER 555 White House Canyon Rd. • PO Box 1105 • Green Valley, AZ 85622 Phone 520-625-0433 • Fax 520-625-3501 • Email <u>boarding@animalcarecenter.com</u>