

## Cat Boarding Agreement

Pet Name: \_\_\_\_\_ will be boarding with us from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please call us 24 hours in advance if this schedule changes*

Owner Name: \_\_\_\_\_

Emergency Numbers \_\_\_\_\_

Boarding charge: \$25.00 per day

Note: All pets receive a Capstar flea treatment (no charge) Does your pet have food allergies? Yes / No

**Your pet must be up-to-date of the following: If vaccinations were done at this clinic, please skip this section.**

Vaccine	Where Vaccinated	Date of last vaccination
FVRCP	_____	_____
Rabies	_____	_____
Fel.v/FIV tested negative	Yes   No   If yes, where? _____	When? _____

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Is your pet declawed? Yes   No

Would you like your pet to have a bath? Yes   No

Do we have your permission to anesthetize your pet to treat, bathe, and/or trim nails if necessary? Yes   No

What does your pet eat? \_\_\_\_\_ How much? \_\_\_\_\_ How many times per day? \_\_\_\_

Is <animal> on medication? Yes   No   If yes, describe \_\_\_\_\_

Have they been medicated today? No   Yes

Please list personal items at the bottom of this page.

**Please read and sign the statement below:**

**Should an emergency occur with your pet, every effort will be made to contact me first with a treatment plan and estimated costs before treatments proceed. If I cannot be reached at any of the phone numbers above, treatments will proceed, and the charges will be added to my account to be paid on pick-up day.**

\_\_\_\_\_  
**Signature**