

Old Towne Animal Hospital Feline Boarding Contract

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|---|---|
| Owner's Name: <contact> <client> Chart No: <number> Street: <address> City: <city> Phone: <phone> | Pet's Name: <animal> Breed: <breed> Sex: <sex> DOB: <birthday> Color: <color> |
|---|---|

**Upon arrival and departure your pet will receive a Capstar to kill any adult fleas present, regardless of any flea preventative administered at home.*

| | |
|-------------|------------|
| Due Date | To Be Done |
| <Reminders> | |

Arrival Date: _____

Departure Date: _____

() Cat Boarding \$26.00

() Cat Boarding with RX \$28.50

() Boarding with hospital food \$2.30 extra/night

() Cat Bath \$35.00 *Boarders receiving bath cannot be picked up until 2pm

| Boarding Requirements | Price | Current | Technician Initials |
|---|--------------|----------------|----------------------------|
| Rabies Vaccine | \$27.50 | | |
| RCPC vaccine | \$27.50 | | |
| FelV vaccine | \$27.50 | | |
| Physical examination by one of our Veterinarians within the past 12 months. | \$52.00 | | |

If your pet has received vaccines at another veterinarian's office, we need a copy of your pet's medical records from your vet's office as proof.

Diet: Check One

() Hospital Diet (The veterinarian's choice of a bland diet).

() Own Diet (There is no additional cost if own food is provided).

What Brand of Food and Type of Container food brought in: _____

Feeding Directions: Quantity: _____ Frequency: _____

Medications: Please provide the name of medication, dosage, and frequency of medication to be given to your pet. All medications must be appropriately labeled.

Has your pet had its medication today? () No () Yes

Do you need a refill of medication(s) for your pet? () No () Yes

Old Towne Animal Hospital is not responsible for any items left with your pet.

Belongings left: (items left with your pet are left at your own risk. Each item must be labeled with your last name and pet's name)

Emergencies: Should your pet become ill, the doctors and staff at Old Towne Animal Hospital will provide all necessary medical care until we are able to stabilize your pet and reach you. If there is a financial limit that you would like to impose, please include it here: \$_____.() initial. Old Towne Animal Hospital is not staffed 24 hours a day. Should your pet need 24 hour assisted care, your pet will be transferred to a 24-hour emergency hospital. I agree to pay expenses related to emergency care.

Emergency Contact Name/Numbers:

Boarding pets are discharged only during regular business hours. Monday-Saturday 7:30am-6:30pm. We do not discharge pets from boarding on Sunday. I agree to complete payment at the time of discharge.

Old Towne Animal Hospital has an outdoor area and we strive to keep this area as secure as possible. However, some pets may try to escape from the area. If you are concerned your pet may try to escape, you may opt to only have your pet exercised on leash rather than free play. We encourage you to tour the area if you have concerns. I have read and understand the risks if my pet is off leash in the outdoor play area. ☐ Free Play ☐ Leash Only **Initials:**_____

I have read all of the above and I am in full agreement.

Signature of Owner/Agent

Date

Admitting Staff: _____