

# Mid Atlantic Cat Hospital

## Boarding Agreement

Date \_\_\_\_\_ Name of Cat \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

Date and approximate time your cat will be picked up \_\_\_\_\_

### Please Mark the Appropriate Boxes Below

**Beach House: \$30.00 per night**

Offers your cat special attention to meals, behavior and health observations, and human contact to make him/her feel at home. Your cat will be housed in an extra-large, 5-level beach house with individual ventilation systems. Your cat will also be offered daily brushing, treats, and play time.

**Bungalow: \$30.00 per night**

Offers your cat the same service as the Beach House, but in a sprawling two-level area that's perfect for senior cats.

Roommate \_\_\_\_\_

**Boarding with oral or injectable medication:** This service is offered at \$5.00 per day, plus the cost of medication, if not supplied by owner.

My cat requires medication. (Please list medications, dosages and instructions on the back of this form.)

My cat does not require medication.

**Diet:** Unless otherwise instructed, we will offer your cat premium dry and canned food. If your cat has other dietary needs, you can provide the food or it may be provided at current charges. (Please see back of this form.)

**Vaccinations/Test:** Vaccinations for FVRCP (Distemper/Upper Respiratory) and Rabies, as well as a Feline Leukemia Virus (FeLV) test, must be current. If they are past due, your cat will be examined and given the necessary vaccinations or test upon admission, and current charges will apply.

If your cat is not currently a patient with us, we require that it have an examination by one of our doctors prior to boarding. Current charges will apply. If currently a patient here, an exam within the last year is sufficient. All cats entering the hospital must be free of external parasites (fleas, ticks, etc.). Your cat will be checked on admission for external parasites, and if any are found, will be treated at your expense.

**Comments or requests:** \_\_\_\_\_

Cats are released during regular hospital hours. A cat not claimed within ten days of pick up date without new provisions being made, will be considered abandoned and handled according to our best judgement.

#### Our regular hours are:

Monday: 7am-7pm      Tuesday: 7am-6pm      Wednesday: 7am-7pm  
Thursday: 7am-6pm      Friday: 7am-5pm      Saturday & Sunday: Closed

*Although we are not open for client services, pick-ups or drop-offs on Saturdays, Sundays, and major holidays, caretaking staff will be on-site.*

*If an emergency arises, I authorize services including use of anesthesia, if necessary, for the well-being of my cat. If anesthesia is required or my cat's condition changes, I understand the doctor will try to contact me prior to initiating treatment. If the doctor is unable to reach me, I give permission for the doctor to proceed with treatment as deemed necessary for the well-being of my cat.*

**Full payment is required when your cat is released.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

# Boarding Admission

Patient \_\_\_\_\_  Beach House  Bungalow  
Boarding Dates From \_\_\_\_\_ To \_\_\_\_\_ Estimated Pick-Up Time \_\_\_\_\_

## Feeding Instructions

Our Food:  Regular  Light  Kitten  Senior  
 Dry  Canned  Both  
Owner's Food — What is it? \_\_\_\_\_  
 Dry  Canned  Both How Much? \_\_\_\_\_

## Medications/Strengths

Medication and Strength	Current Dose	Frequency	Last Given	Need to Refill?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Patient's Personal Items

\_\_\_\_\_

### Office Use Only

Patient Information & Services Needed	
Exam:	<input type="checkbox"/> Kitten <input type="checkbox"/> Senior <input type="checkbox"/> Wellness <input type="checkbox"/> Unwell <input type="checkbox"/> MPE <input type="checkbox"/> Vax Booster
Vaccines:	<input type="checkbox"/> Rabies <input type="checkbox"/> FeLV <input type="checkbox"/> FVRCP
Lab Work:	<input type="checkbox"/> FeLV/FIV <input type="checkbox"/> Fecal <input type="checkbox"/> Other _____
Nail Trim:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anything Else?	_____
Parasite Control?	<input type="checkbox"/> None <input type="checkbox"/> Revolution <input type="checkbox"/> Advantage <input type="checkbox"/> Frontline <input type="checkbox"/> Heartgard
<b>Admin Info:</b>	
Deposit Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Estimates Given: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>
Wellness History form filled out if an exam is needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Consent Form signed if any treatment to be done besides boarding and vax:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Admitting — Front Desk	_____
<b>Boarding Check-In Info:</b>	
Cage Card _____ Carrier Labeled _____ ID Collar _____ Comp/Boarding Notes _____	
White Board _____ Surgery Board _____ Charges _____	
Flea Check: No Fleas _____ Flea Dirt _____ Fleas _____ Capstar Given _____	Weight _____ Temp _____
Admitting — Caretaker	_____
<b>Boarding Check-Out Info:</b>	
Personal Items _____ Medications _____ Food _____ Medical Report Card prn _____	
Boarding Report Card Completed _____ Plus Care Toy _____ Hygiene Check _____	
Discharge — Caretaker	_____