



MACH Boarding Form

Owner: _____ Client #: _____

Cat Name: _____

Check- in _____ Check Out _____

Estimated Pick up Time _____

All boarders will be housed in a Beach House or Bungalow depending on availability as well as age and condition of cat

Please Choose one of the following nightly package options:

- VIP Package- \$36.00 per night** for 1st cat and \$31.00 per night for each additional cat. Includes a playtime, treat, toy to go home with, brushing, daily email/text update, administration of meds (up to 4)
- Standard Package- \$30.00 per night** for 1st cat and \$25.00 for each additional cat. Includes playtime, treat, brushing and toy to go home with.
- Diabetic Package- \$40.00 per night** includes administration of medication, daily brushing, email/text update, a toy to go home with and nursing care. After hours injection fees may apply.
- Special Needs/Care Package- \$45.00 per night** for cats needing special care such as 5 or more medications, bladder expressions, wound care, post-operative care or certain health conditions. Includes playtime, treat- if indicated, daily brushing, daily email/text update, and a toy to go home with

Additional Activities & Services

- Vaccines-**
 __FVRCP \$34.00
 __Rabies \$25.75
- Nail Trim-** \$15.00
- Bloodwork** _____
- Fecal**
- Other**

Exam with Veterinarian

Reason: _____

To be completed if exam is requested:

For all packages other than the standard package, how do you wish to receive your updates?

- TEXT _____
- EMAIL _____

Has <animal> had any of the following: (please circle one)

Drinking	Increased	Decreased	No Change
Appetite	Increased	Decreased	No Change
Urination	Increased	Decreased	No Change
Defecation	Increased	Decreased	No Change
Weight	Increased	Decreased	No Change

Indoor____ **Outdoor**____ **Other Symptoms**_____

I understand the following (initial):

____ **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.

____ 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 judgment. Regular hours are: **Monday & Wednesday 7am-7pm; Tuesday Thursday 7am-6pm; Friday 7am-5pm; Saturday/Sunday Closed.** Although we are not open for client services, pick-ups or drop-offs on Saturday/Sundays and major holidays, staff will be on site to care for cats. All drop offs/pick ups should occur after 8am and at least 1 hour prior to closing.

____ 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.

____ I understand that my cat must be free of internal and external parasites and that my cat will be treated by MACH on entry or discovery at the owner/agent's expense.

Owner/Agent _____

Owner Ph # _____ Date _____

EMERGENCY CONTACT _____

EMERGENCY NUMBER _____

