

FELINE BOARDING ADMISSION FORM

Client: _____

Date: _____

Patient: _____

Breed: _____

Age: _____

Sex: _____

Weight: _____

Vaccination Status

Current

Date Given

Update

FVRCP _____

Leukemia _____

Rabies _____

Deworm _____

Medical History:

Has your cat been sick within the last 30 days? _____ Treated? _____

Symptoms _____

Current Medications: _____

Current Diet _____

Belongings _____

Pick up Date: _____ A.M. P.M

All pets must be flea and tick free. We will treat at owner's expense if any are noticed.

Please list the services you would like performed before you pick up your cat:

Owner Release:

Deason Animal Hospital is to use all reasonable precaution against injury, escape or death of my pet. Deason Animal Hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problems that develop with my pet while I am absent will be treated as deemed best by the staff Veterinarians and I assume full responsibility for the treatment expense involved. If I neglect to pick up my pet within 5 days of the date above and do not notify Deason Animal Hospital within that time period, Deason Animal Hospital may assume that the pet is abandoned and is hereby authorized to dispose of my pet as deemed best and/or necessary, but this does not relieve me of any boarding or service charges incurred.

Date: _____ Signature: _____

Emergency Phone Numbers: _____