



## Boarding Form

**Patient's Name:** \_\_\_\_\_ **Check In Date:** \_\_\_\_\_ **Check Out Date:** \_\_\_\_\_

**Contact Information: Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Vaccination History:** All boarding cats must be current on FVRCP, Rabies and must have been tested for Feline Leukemia. All cats not current on vaccines will be vaccinated by our staff at owner's expense.

**Flea Preventative:** All boarding cats must be on flea control, if the cat is not on any flea control we will administer an appropriate flea treatment at the owner's expense.

**Diet:** Owners are to bring enough food for the duration of the stay. If food is not provided we will offer our in house canned/dry food. (Check One)

I have brought food for my cat(s): \_\_\_\_\_

Please feed the in house diet (\$1.00/day)

Please open and add the following prescription diet to my invoice: \_\_\_\_\_

**Medications:** Cats receiving medication have a different charge (medical boarding). Medical boarding will cover administering any medications that the patient needs including insulin.

Medication	Dose	Frequency	Last Given

**Personal Belongings:** Please list any items you are leaving with your cat(s). We will provide all cats with bedding, toys, and amenities. You are welcome to bring your own as well. Please be aware that items can get lost in the hospital, especially laundered items. We are not responsible for lost items and encourage you to leave things of value at home.

Items I brought: \_\_\_\_\_

**Non-Medical Services:**

Nail Trim

Hygiene Clip

Flea control

Advantage

Frontline

**Medical Services:**

Physical Examination

Vaccines: \_\_\_\_\_

**Additional Instructions:**

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By signing this form you authorize Riverside Cat Hospital to transfer your pet to an after hours emergency hospital if there is a life threatening emergency and take responsibility for all charges incurred.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_