

Feline Boarding Agreement

Date:	Date of Pick up:	
Owner:		
Pet(s):		
Person(s)	to be contacted in case of Emergency:	
Dat's Rale	ongings: (carrier, toys, bedding, etc):	
	mgmgs. (carrier, toys, bedding, etc).	
Special In	structions: Please include detailed medicine/feeding instructions:	
	Vaccination Policy	
	(* Please initial where indicated)	
Feline: N	Must be current on FVRCP and Rabies vaccinations without exception. In addition	n, if
	se to allow your pet to participate in our Feline Play area (no additional charge) he	
•	a current Feline Leukemia vaccinations (or negative Feline Leukemia test within	
past three	years for indoor cats only)	
*If	vaccinations are not up to date, or unable to provide proof of current vaccinations	s, I
	ission to update my pet(s) vaccinations in accordance with the above policy.	
	addition, if any fleas/ ticks are observed on your pet(s) while boarding, he/she with	i11
re	sceive a flea bath and EastSpot application at owner's expense.	
	Medical Illness Policy	
	(* Please initial where indicated)	
readily av	e advantages of boarding your pet(s) at a veterinary clinic is that veterinary attenti ailable should the need arise. If your pet(s) become ill, we will call the emergence of listed above regarding your pet's symptoms, treatment options, and estimate of	
If no one	can be reached, please indicate your wishes below should your pet(s) require treat immediate discomfort or to resolve an important medical condition.	ment
	Please perform whatever services the doctor deems necessary for the best care of neone can be reached. This includes only non elective treatments and necessary	ny pet
	authorize up to \$(indicate amount) in medical care until someone can	be
reached.		
*	_DO NOT administer any medical treatment until specific authorization is given.	
	d and understand this agreement. I fully intend to pick up my pet(s) on the above date. If circumstances change, I will notify the veterinarian of a new pick up date	
Signed	Date	