

# ANIMAL CARE CLINIC

## VETERINARY CLINIC FELINE BOARDING AGREEMENT

"Because We Care"

Check-In Date:		Pick-Up Date:		
Owner(s) Name:		Phone:		
<b>PET NAME</b>	<b>BREED</b>	<b>MEDICATION</b>	<b>GROOM</b>	<b>NAIL TRIM</b>
		YES / NO	YES / NO	YES / NO

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

EMERGENCY TELEPHONE NUMBERS:

MEDICATION INSTRUCTIONS: \_\_\_\_\_ \$4.00 per day, per pet Time to give medication: \_\_\_\_\_ Did we give today? \_\_\_\_\_

FEEDING INSTRUCTIONS: Did we eat this morning? Yes / No Did we eat dinner? Yes / No

### VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date: (Dates Indicated are Actual Due Dates.)

RABIES - 1 YR \$33.50	FVRCP \$26.00	FeLV \$27.00	FECAL \$35.00 (DATE GIVEN)
APPROVED	APPROVED	APPROVED	APPROVED

IF INTESTINAL PARASITES ARE DISCOVERED IN THE FECAL EXAM, MY PET WILL BE TREATED AND I WILL BE CHARGED ACCORDINGLY. ALSO, IF ANY FLEAS OR TICKS ARE FOUND ON MY PET, THEY WILL BE TREATED AND CHARGED: **INITIALS**

### MEDICAL ILLNESS POLICY

If your pet becomes ill, we will call the emergency number(s) listed above. If no one can be reached however, please indicate your wishes below should your pet require treatment.

Please perform whatever services the Doctor deems necessary until someone can be reached. I authorize medical care for my pet up to the amount indicated:

Initials: \_\_\_\_\_ \$ \_\_\_\_\_ \$100.00 \$200.00 \$500.00

\_\_\_\_\_ Basic Medical Treatment will be administered if deemed necessary without phone notification (A Maximum Charge of \$25.00)

**BOARDING SELECTIONS / OPTIONS**

ALL OF OUR FELINE CONDO SUITES ARE: (1) LOCATED IN A SEPARATE ROOM FROM DOGS  
 (2) VETERINARIAN SUPERVISED

**PLEASE SELECT ONE OF THE FOLLOWING SUITE OPTIONS:**

PET NAME	SINGLE CONDO SUITE (One Cat per Single Condo) \$ 16.00 per Night	PLAYTIME (15 minute intervals with brushing)	AMOUNT OF PLAYTIMES
Bacci		YES / NO	

<b>STANDARD BOARDING:</b>	
Fresh Water / Feeding 2 Times/Daily	no additional charge
2 Times / Daily Litter Change/Treats	no additional charge
Veterinarian On Call	no additional charge

**By choosing to have my cats boarded together, I hereby release Animal Care Clinic from all liability if my cats should cause harm/injury to each other or themselves while boarding. In addition, I understand that I am responsible for all charges incurred should medical attention due to injury be required, regardless of my Medical Illness Policy wishes as indicated on the previous page.**

**If you choose to have your pets boarded together,  
 please be aware that your pets WILL NOT BE SEPARATED FOR FEEDING**

**I, OWNER/AGENT FOR THESE PETS, CHOOSE:**

**To board my pet's together**

**To NOT board my pet's together**

\_\_\_\_\_ I understand that Animal Care Clinic is not responsible for lost or damaged items that I choose to leave (i.e., toys, leashes, collars, etc.)

**I HAVE READ AND UNDERSTAND THIS AGREEMENT. I FULLY INTEND TO PICK UP MY PET(S) ON THE ABOVE SPECIFIED DATE. IF CIRCUMSTANCES CHANGE, I WILL NOTIFY ANIMAL CARE CLINIC IMMEDIATELY. IN ADDITION, I UNDERSTAND THAT PAYMENT IN FULL FOR ALL SERVICES PROVIDED WILL BE DUE/PAYABLE AT THE TIME I (OR AUTHORIZED AGENT) PICK UP MY PET(S).**

**TODAY'S DATE**

**OWNER / AUTHORIZED AGENT SIGNATURE**

\_\_\_\_\_ **RECEPTIONIST**

\_\_\_\_\_ **KENNEL ASSISTANT**

\_\_\_\_\_ **TECHNICIAN**

\_\_\_\_\_ **DOCTOR**

(#637 - ACC/SE, FELINE BOARDING, Issued/Revised: 1/2018)

I grant Animal Care Clinic, its representatives and employees the permission to take photographs of \_\_\_\_\_  
 I understand that the images may be used in print publications, online publications, presentations, websites, and social media.

**Today's date    Signature**

IF ARRANGING FOR A FRIEND OR FAMILY MEMBER TO PICK UP YOUR PET, PLEASE PROVIDE US WITH THEIR NAME AND PHONE NUMBER. ID IS REQUIRED AT PICK UP

\_\_\_\_\_  
 \_\_\_\_\_