

Cats & Critters Boarding Check-in

Arrival Date:

Time

Pet's Name:

Departure Date:

Est. Time out:

Record Weight Reviewed by:

Feeding Instructions

Own Food Kennel Food

Appetite Picky Good Last Fed

Additional Pet information

(Behavior

Medications

None

Additional Medical Information

Requested Veterinary Services

	Last Given
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Stool Sample

- I give my permission for the staff to examine and vaccinate my pet if due or overdue for Distemper and Rabies. **VACCINATIONS MUST BE CURRENT** for boarding. I understand that I am responsible for all related charges. If there are fleas present on my pet, the pet will be treated at the Veterinarian's discretion and at my expense.
- Cats & Critters cannot accept responsibility for any personal belongings that are left with a pet while boarding with us.
- Additional charges will apply for medication administration, bathing, and other requested services.
- If my pet becomes ill and requires surgical or medical treatment, I give my permission for the staff to do whatever is necessary for the well being of my pet. If my pet does become ill during his/her stay with us, a veterinarian will examine your pet and uncomplicated problems (i.e. diarrhea, abrasions) will be treated medically. Potentially more serious problems (i.e. failure to eat, persistent vomiting, difficult urination), may warrant in-depth diagnostic testing. If the situation appears serious enough, my pet will be taken to the Animal Emergency Service at 825 White Spruce Blvd. Rochester for 24-hour care. I also understand that I am responsible for all related charges. **We will make every attempt to contact you at the numbers provided should your pet become ill. If there are limitation to the care you wish us to provide for your pet, we need to know before you leave pet with us.**

OR

I wish to be contacted before my pet receives ANY treatment or medication.
*If you are unreachable, the veterinarian will begin treatment to ensure your pet's wellbeing.

Please treat any uncomplicated problems (i.e. diarrhea, abrasions) at the Veterinarian's discretion and **contact me only in the event of a serious condition or extensive treatment.**

The undersigned acknowledges contracting for above services and understands that he/she is responsible for all balances due upon the discharge of the pet. If someone other than the owner is picking up or visiting a pet, let us know as we will not release the pet to anyone other than the owner without prior consent. All pets must be picked up within 5 days of the specified check-out date. All efforts will be made to contact the owner/agent. Failure to respond or pickup pet will result in the facility protocol for abandoned animals.

Emergency Phone number(s) where you can be reached.

Today's Date: <<Practice.Application Date\S>>

Signature of Pet Owner or Authorized Agent

Witness