

The Cat's Meow Cat Clinic

Boarding Agreement

Name _____

Pet's name _____

Name and relationship of person picking up pet(s) (if different from owner) _____

Phone Numbers where you can be reached in case of **Emergency**: _____

Feeding Instructions: What type of food are you feeding: _____

How many feedings a day Free Feeding Once a day Twice a day

How much per feeding: _____

Pet's Belongings (Beds, Toys, etc.**): _____

Any other special instructions or anything you would like the staff to be aware of: _____

Please Read and Initial or Check All Boxes Below

My Pet requires Medication Yes No

If yes, please list medications: _____

If yes, I understand that there will be an additional charge of \$4.50 per day _____
to administer medication. Initial

I understand that if my pet is not current on vaccines and/ or yearly exam, _____
they will be given upon admission to the hospital and I will be invoiced. initial

I understand that if my pet is found to have fleas or other parasites,
appropriate parasite control will be given and I will be invoiced.

Initial

If your pet becomes excessively agitated or aggressive the doctor of the
day will authorize an appropriate sedative, and you will be invoiced.

Initial

The doctor of the day will decide the best care for my pet.....

Yes No

If No, I can be reached at the following number to make decisions for
my pet's care. If I cannot be reached, the doctor of the day will decide
what is best for my pet.

Phone number

Signature: _____

(web)

****The Cat's Meow Cat Clinic is not responsible for lost items.**