



Boarding Registration

Client Name _____	Cat Name(s): _____
Please provide contact information in case of emergency Destination _____ Destination Phone _____ Your Cell _____ Emergency Contact Name _____ Emergency Contact Phone _____	Check-In ___/___/___ Check-Out ___/___/___ Diabetic N Y → Dr. exam _____ 15yr.+ N Y → Dr. exam _____ Pick Up Time _____

Please list all medications, dosages, and instructions below.

All medications must be brought in their original containers. There is an **additional nightly charge** for administering medications.
 If you do not provide medications, a *prescription charge will apply.*

Medication Name	Dosage Amount	Dosage Instruction	Last Given On

All boarding patients receive a complimentary daily nutritional supplement called Viralys, which suppresses upper respiratory viruses.

Is your cat currently on any flea/tick prevention? No Yes, Brand _____

If so, when was the last dose applied? _____

DIET *If food is not provided, we will provide it and charge accordingly.*

Canned Brand _____ Amount _____ How often _____

Dry Brand _____ Amount _____ How often _____

Other Brand _____ Amount _____ How often _____

I last fed my cat(s) _____ Appetite was: Poor Good Excellent

List all items you have brought for your cat(s)

Carrier Bed Wet Food: # of cans _____ Toys _____

Blanket Bowl Dry Food _____ Other _____

Please provide any other relevant information about your cat(s)

Boarding brings many cats from different places into one area. If your cat is positive for parasites he/she may be treated at your expense. **If your pet develops any illness while in our care, Affectionately Cats has permission to treat and bill accordingly.** A current Rabies vaccine is required to enter the boarding facility. A current Distemper vaccine, a negative FeLV/FIV test, and a current fecal exam are highly recommended. By signing below, you acknowledge that you have read and understand this agreement.

Signature: _____

Date: _____

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