



Boarding Registration

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

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 daily nutritional supplement called Viralys, which suppresses upper respiratory viruses. There is no additional charge for this service.

Is your cat currently on any flea/tick prevention? Yes No **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

Please 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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