

University Pet Clinic
CAT BOARDING ADMISSIONS AUTHORIZATION FORM

Owner Name: _____ Pet: _____

Date: _____ Emergency Contact phone #: _____

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For the protection of our team, your cat and other patients staying here,
your cat must have current **Rabies & FVR-CP** vaccinations.

These vaccinations must be given by a VETERINARY CLINIC and proof provided at Admission.

We will vaccinate your cat today (at owner's expense) if no proof has been provided.

**** FOR THE SAFETY OF OUR TEAM & YOUR PET, WE REQUIRE PROOF OF A CURRENT RABIES VACCINATION AT THE TIME YOUR PET IS ADMITTED. ****

If your pet's Rabies vaccine is past due OR proof cannot be provided at the time your pet is being admitted, we will provide an exam (\$22-\$45) and administer a Rabies vaccine (\$17).

I understand I am responsible for these expenses if needed.

Owner/Caregiver Initials: [user_input]

ADDITIONAL SERVICES REQUESTED BY OWNER: (Ask for Pricing Estimate)

- | | |
|--|--|
| <input type="checkbox"/> Medications to be given (\$4.00/each medication dose) | |
| <input type="checkbox"/> Update Vaccinations | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> HomeAgain ID Microchip (includes registration fee) | <input type="checkbox"/> Fecal Exam for worms & bacteria |
| <input type="checkbox"/> Dental Scaling & Polishing (ask for estimate) | <input type="checkbox"/> Examination |
| <input type="checkbox"/> Anal Glands expressed | <input type="checkbox"/> Other _____ |

- I understand every effort will be made to keep my cat clean while boarding, however, accidents do happen and I am aware University Pet Clinic does not provide bathing or grooming services.
- I authorize University Pet Clinic to perform the above-indicated procedures. I also authorize the use of medications necessary for the treatment or handling of my cat.
- I further authorize University Pet Clinic to prescribe for and treat my cat in case of illness or emergency, understanding that every effort will be made to contact me prior to initiation of any extensive treatment.
- I understand that I am only able to pick-up my cat during regular business hours. If I cannot pick up my cat during University Pet Clinic's normal office hours on the date agreed upon, I will pay for any additional nights my cat must board until University Pet Clinic is back open again.
- I understand that payment in full is due at the time of discharge.

Pick-Up Date: _____

Approx. Time of Day: _____

Owner/Agent Signature: _____ Date: _____