

Feline Boarding

Client Name: _____ Pet Name: _____

Date Arrived: _____ Date leaving: _____ AM PM

Any current health problems: _____

Medical History:

For the safety of your pet & others, the following **required** vaccinations must have been Administered in the past 12 months.

Feline Distemper _____ Date received _____ Please administer

Feline Leukemia _____ Date received _____ Please administer

Rabies _____ Date received _____ Please administer

Dental Package: We now offer a special Dental Cleaning Package to our boarding clients for a discounted price. **(See Dr. Sam for details)** _____ yes _____ decline

Bath: Would you like your pet bathed, blow dried & nails trimmed? (\$20 & up)

Prices may vary depending on condition of coat. _____ yes _____ decline

Grooming Package: Bathed, brushed out, de-matted & fluff dried. Haircut and Styled, Nail trim & ear cleaning. Prices vary by breed, and condition of coat. **Ask for more details.** _____ yes _____ decline

Play Time: Sign your pet up for the Kitty Playroom, where they can climb, stretch, and scratch, as well as receive one-on-one play with a counselor. _____ Yes _____ No

_____ Once per day (1/2 Day \$10) _____ Twice per day (Full day \$20)

I as the owner or authorized person of this pet, give permission for All Pets Vet Hospital to treat my pet if needed in case of a medical emergency. I agree to be available for the return of the animal at a mutually agreed time. If the owner does not pick up this pet after 3 days without contacting the office, the owner relinquishes all claims to the animal.

Signature: _____ **Emergency #** _____

Please note any special concerns or instructions:

