

**Southpointe Veterinary Hospital
FELINE BOARDING ADMISSION FORM**

Client Name _____ Cat's Name _____

Phone Number _____ Cat's Color/Sex _____

Wellness Exam, RCP and Rabies vaccines, and a negative fecal check are required to be up to date. All pets must be on a flea/tick prevention.

Your pet will need to be updated with the following vaccines/services:

Admitting Receptionist

Admitting Technician

Pick Up Date and Time: _____ AM PM

Is your cat diabetic? Yes No If YES, please note additional boarding charges apply:

THE BOARDING FEE FOR DIABETIC CATS IS \$24.00 PER DAY. PLUS AN ADDITIONAL \$28.00 FOR SATURDAYS AND \$48.00 FOR SUNDAYS/HOLIDAYS.

Has your cat had any vomiting, coughing, sneezing, or diarrhea? Yes No

If yes, please explain: _____

Do you have any concerns with your cat you would like to have addressed while here?
(Additional charges will apply)

Please list any additional items you brought for your cat: _____

FEEDING: Has your cat been fed today? Yes No

Current Diet (i.e. brand/wet/dry) _____

1. Time of feeding: A.M. and P.M. Amount _____
 A.M. Only Amount _____
 P.M. Only Amount _____

2. Brought own food **YES** **No, use hospital provided bland diet**

MEDICATIONS: (THERE IS AN ADDITIONAL CHARGE FOR ADMINISTERING DAILY MEDS ALL MEDS MUST BE IN ORIGINAL PRESCRIPTION BOTTLE,)

Is your cat on any medication at this time?: **Yes** **No**
If yes, did you bring your cat's medication?: **Yes** **No**
Has it been given today? **Yes** time given _____ **No**

Medications:

Directions:

Is your cat on flea prevention?* **Yes** **No** **verification required at check-in

Brand used & date last applied: _____

**Flea and tick populations have become increasingly problematic in our area. On admission to Southpointe, all pets housed in the kennel area are subject to a brief exam by a technician that includes being checked with a flea comb for any evidence of fleas and/or ticks. This will also be done upon discharge.

All pets must be treated as a precaution with flea and tick prevention prior to boarding due to the kennel exercise yard's proximity to a creek and wooded area.

Will your cat eat or chew bedding/toys: **Yes** **No**
Is your cat afraid of storms/fireworks: **Yes** **No**
-- If yes, do you usually give a medication to help with this? **Yes** **No**
--- If yes, did you bring the medication today? **Yes** **No**

-- If **YES**, medication/dosage: _____

-- If **NO**: Do you authorize us to give your pet medication for this anxiety as we see fit? **Yes** **No**
(THERE IS AN ADDITIONAL CHARGE TO GIVE MEDICATIONS.)

IF A PROBLEM IS OBSERVED OR AN EMERGENCY DEVELOPS: Considering we are a Veterinary Hospital, should a **PROBLEM** arise, the medical staff will perform exams, procedures and prescribe medications necessary for the health and well-being of your cat. There will be additional costs for all medications dispensed and medical procedures performed. Any time a technician or doctor need to come in after hours to treat/monitor your cat, there will be additional charges.

Should an **EMERGENCY** arise, the medical staff will perform emergency and supportive care. Once your cat has been stabilized you will be notified of any further recommendations that the doctor may have. There will be additional costs for all medications dispensed and medical procedures performed. Any time a technician or doctor need to come in after hours to treat/monitor your cat, there will be additional charges.

I further understand that:

- The clinic will use all responsible precautions against injury, escape or death of my cat. I will not hold the clinic and/or staff liable for any problems that develop provided reasonable care and precautions are followed.
- The clinic is not responsible for loss or damage to personal items left with your cat including, but not limited to, leashes, collars, toys and bedding.
- I must call if my "pick-up date" changes. If I neglect to pick up my cat within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my cat is abandoned and are hereby authorized to dispose of my cat as you deem best and/or necessary.
- The staff at Southpointe will take all reasonable precautions to protect my cat from coming into contact with communicable diseases while in their care. I also understand that this is an animal hospital that treats sick pets and there is no guarantee against exposure to every disease. By signing below, I understand that there is a slight chance that my cat may become sick from another patient at Southpointe. **Southpointe will not assume financial responsibility for treatment of any such illness. All financial responsibility will be assumed by me.**

I have read and fully understand the terms and conditions set forth above and I have asked any questions I may have regarding my cat's stay at Southpointe Veterinary Hospital.

Signature of

Owner:

or authorized agent

Date: _____

Phone Number where I can be reached at: () _____

Emergency Contacts: Phone number(s) and name(s) of responsible party who is able to make medical decisions in the event they are necessary (REQUIRED):

1. Name: _____ **Phone: () _____**

2. Name: _____ **Phone: () _____**

Boarding Flow Sheet:

Client Name: _____ Pet Name _____ Admitted on: _____ Discharged on _____

Poor/Fair/Good

Date	Appetite	Meds	Weight	Litter Box Output	Comments	Staff Initials
A.M.						
P.M.						
A.M.						
P.M.						
A.M.						
P.M.						
A.M.						
P.M.						
A.M.						
P.M.						
A.M.						
P.M.						
A.M.						
P.M.						
A.M.						



BOARDING DISCHARGE INFORMATION

Admitting comments and recommendations by examining technician:

Discharge Date: _____ Discharging technician: _____ Weight upon discharge: _____

While your cat was here:

____ your cat had a great stay!! We look forward to seeing you next time!!

____ your cat had a complete physical examination.

____ your cat was vaccinated for:

____ Rabies 1 year vaccine ____ Feline Distemper 3 year ____ Feline Leukemia

____ your cat had laboratory tests for:

____ Fecal exam: _____

____ Bloodwork: _____ ____ other: _____

____ your cat had the following problem:

____ your cat was given/has been sent home with the following medications:

____ Please bring your cat in for a medical progress exam in _____ days.

THANK YOU FOR BOARDING YOUR CAT WITH US!!