



BOARDING RECORD FOR CATS

Owners' Name: _____

Cat's Name: _____

Owner's contact #: _____

Additional contact name & #: _____

** If your pet becomes ill while boarding, we will do our best to reach you or your emergency contact, but know that we will begin basic treatment of your pet if we are unable reach you. You will be responsible for any charges incurred.

Arrival Date: _____

Pick-up (circle): M Tu W Th F Sat*

Date: _____

Planned pick-up time (check one):

Before 12 noon* After 12 noon

* **On Saturdays**, all pets **must** be picked up **before 12 noon**.
There are **NO** pick-ups on Sundays

After 7 consecutive nights of boarding, baths will be 1/2 off.

* I would like my cat to have a **BATH** while boarding (please circle one). YES / NO

Special Hair/Skin Condition: _____ Itchy Skin _____ Dandruff _____ Oily Hair _____ Fleas _____

* My cat will need the following **MEDICATIONS** while boarding (there will be an additional daily charge to administer medication)

| <u>Medication:</u> | <u>How much/how many?</u> | <u>How often?</u> |
|--------------------|---------------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Which medications has your pet already had today? _____

Feeding Instructions (please check one):

I would like my pet to be fed a special diet which I have brought:

Name of Food: _____

How many cups/cans of food? _____ How often to feed? _____

I would like my pet to be fed the clinic-provided food while boarding.

My pet will eat (please circle one): DRY FOOD / CANNED FOOD / MIXTURE OF BOTH

How many cups/cans of food? _____ How often to feed? _____

Will your pet need to be fed today?
_____ AM _____ PM

Additional instructions:
(Use back of page for more space)

PREVENTATIVE HEALTHCARE & VACCINATIONS

My pet is due for the following procedures/vaccines, and I authorize Gwinnett Animal Hospital to administer the following:

- Annual exam
- FeLV/FIV test
- Wellness bloodwork
- Fecal exam for intestinal parasites
- FVRCP vaccine 1 yr / 3 yr
- FeLV vaccine
- Rabies vaccine 1 yr / 3 yr

Items I have brought with my cat. (Please label all items, **but know that these items are sometimes damaged or lost.**)

Signature: _____

Date: _____