

K.C. CAT CLINIC

7101 Main Street Kansas City, MO 64114 Phone (816) 361-4888

kccatclinic.com

BOARDING ADMISSION FORM

(please use one form for each cat)

We apologize if this form is too long, too short, asks too much or not enough. Enough snafus have occurred over the years to result in this format. Thanks for your patience in providing the information we request. **Please don't forget to sign the back.**

WHO ARE YOU?

Owner's Name: _____ Date: _____ Pet's Name: _____

Pick up time and Date: _____ (No Saturday, Sunday or after hours arrival and pick up)

RESPONSIBLE PARTY AND NUMBER TO CALL IN CASE OF EMERGENCY:

Name: _____ Phone: _____

We feed our boarders Science Diet products. We will offer "stinky" foods to kitties that don't eat readily. Please indicate whether your cat needs a special diet for medical reasons.

WHAT DOES YOUR CAT NEED?

MEDICATIONS TO GIVE WHILE BOARDING AND HOW OFTEN TO GIVE THEM:

What time is next dose due?

- 1. _____
- 2. _____
- 3. _____

ADDITIONAL SERVICES TO BE PERFORMED WHILE BOARDING

EXAM FOR MEDICAL PROBLEM - Briefly describe the problem here. Please fill out pre-exam questionnaire to give us a detailed history.

VACCINATIONS/EXAM - Please fill out pre-exam questionnaire and circle which vaccines you wish us to administer.

Please choose

Rabies (1 or 3 year) Distemper/upper respiratory Leukemia Other _____

RECHECK TESTING FOR PREVIOUSLY DIAGNOSED PROBLEM. Please indicate.

Renal compromise Renal compromise, on calcitriol Hyperthyroid, on tapazole

Blood pressure Urinalysis/Culture as indicated Other _____

OTHER SERVICES REQUESTED. _____

OTHER IMPORTANT POLICY AND BILLING STUFF AND, OR COURSE, A RELEASE

PLEASE READ CAREFULLY

All cats must have verification of current vaccinations.

All cats must be free of parasites. If parasites are found on your cat, your pet will be treated with an appropriate product and the charge will be reflected on your bill. If we find evidence of fleas on your cat, please be advised that we will apply the appropriate dose of Advantage Topical Solution and that there is a charge for this treatment.

If your cat manifests any sign of illness, reasonable and appropriate medical measures will be taken. So if your cat doesn't eat well despite all our enticements, has stool changes or gets sick some other way, an exam will be performed by the doctor and a management plan will be started. Your bill will show charges for these services. We promise that we will do only what we feel is necessary and right.

On the flip side, if we are recommending testing and it's not something that we have to have because of an eminent medical problem, we will talk about our concerns with you first, and have you authorize suggested testing.

Please don't ask to change the rules.

TOYS AND ACCESSORIES

WE DISCOURAGE TOYS FOR THE BOARDERS. THEY USUALLY GO INTO THE LITTER PAN OR THE WATER BOWL THE FIRST DAY. THE SAME THING GOES FOR BLANKETS AND CLOTHES. WE END UP WASHING THE SMELL OF HOME OFF STUFF RIGHT OFF THE BAT OR WE HAVE TO BAG UP A YUCKY THING FOR YOU TO TAKE HOME. WE GIVE EACH BOARDER FRESH TOWELS EACH DAY AND PLACES TO BURROW IF THEY NEED IT.

IF YOU BRING TOYS, WE CAN'T TELL YOU THAT YOU WILL GET THEM BACK. THEY GET LOST EASILY WHEN WE ARE CHANGING CAGES OR GETTING THEM READY TO GO HOME. SO... IF YOU'RE SENDING A TOY, PLEASE SIGN OFF THAT YOU REALIZE THAT IT MIGHT NOT COME BACK AND IF IT DOES, IT MIGHT BE SOILED.

I am the owner of the cat described above. I have read and understand all the policy information and will abide by it. I understand that you will use reasonable precautions to assure the animals safety while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, or become ill. I also authorize the hospital director and staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary to the well being of my pet.

Signature _____

Date _____