



## Boarding Consent Form

Owner \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Date of Pick Up (if you pick up before 11:00am, you are not charged for that day) \_\_\_\_\_

Name of person other than you that is authorized to pick up your pet \_\_\_\_\_

\*Remember to leave them with a payment method or we can keep a copy of your credit card on file at the front desk.

Cat's Name \_\_\_\_\_ Color/Markings \_\_\_\_\_

Services Needed: Exam \_\_\_\_ Rabies \_\_\_\_ FVRCP \_\_\_\_ Felv/FIV Test \_\_\_\_

Any special requests or instructions? (ex: nail trim, give treats, examine, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your cat have any allergies or restrictions? \_\_\_\_\_

Are you providing your pet's diet? \_\_\_\_\_ Name and type? \_\_\_\_\_

\*If you choose our house food, we feed a mix of Science Diet dry and wet.

How much and how often do you feed? (ex- ¼ cup dry twice daily, ½ can wet once daily, etc) \_\_\_\_\_

\_\_\_\_\_

Is it okay for us to feed your cat both wet and dry food? \_\_\_\_\_

Please list all items you have brought with your cat \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please initial if your cat is currently on NO medications or supplements. If your cat is on ANY medication, supplement OR prescription diet food, please fill out all that apply.



Prescription dry diet name and feeding instructions \_\_\_\_\_

Prescription wet diet name and feeding instructions \_\_\_\_\_

Treats (if any) and feeding instructions \_\_\_\_\_

**Medications and Instructions**

Name	#tabs/mls	Times/Day	AM/PM	Special Instructions (in food/pill pockets)
_____	_____	_____	___/___	_____
_____	_____	_____	___/___	_____
_____	_____	_____	___/___	_____
_____	_____	_____	___/___	_____
_____	_____	_____	___/___	_____

Which medications has your cat already received today? \_\_\_\_\_

Does your cat have any issues with the following?

Eating Yes  No  # of days \_\_\_\_\_ Comment \_\_\_\_\_

Drinking Yes  No  # of days \_\_\_\_\_ Comment \_\_\_\_\_

Urinating Yes  No  # of days \_\_\_\_\_ Comment \_\_\_\_\_

Lethargic Yes  No  # of days \_\_\_\_\_ Comment \_\_\_\_\_

Vomiting Yes  No  # of days \_\_\_\_\_ Comment \_\_\_\_\_

Diarrhea Yes  No  # of days \_\_\_\_\_ Comment \_\_\_\_\_

Skin Rash Yes  No  # of days \_\_\_\_\_ Comment \_\_\_\_\_

Scratching Yes  No  # of days \_\_\_\_\_ Comment \_\_\_\_\_

Limping Yes  No  # of days \_\_\_\_\_ Which Leg \_\_\_\_\_

Ocular problem Yes  No  # of days \_\_\_\_\_ Which Eye \_\_\_\_\_

I am the owner of the cat listed above or am the authorized agent and have the authority to execute this consent. I have carefully listed all instructions for feeding and medications for the above cat. I understand that if the doctor has questions regarding medication and dosing upon review of my cat's file, the doctor or staff member will call to discuss with me. If I am unable to be reached, I authorize the doctor to adjust the dosing as they see medically necessary for my cat's well-being. I also understand that if my cat will not eat the food I have provided, NOVA Cat Clinic will feed the house mix of dry or wet food in order for my cat to eat. I understand that this abrupt change in food and the stress of boarding can sometimes cause mild gastro-intestinal distress or sneezing/watery eyes. I authorize NOVA Cat Clinic to treat these symptoms as they see fit (with in house Probiotics and Lysine).

Boarding is charged by the day with each new day starting at 11am. All cats must be current on Rabies, FVRCP, and have a Felv/FIV test on record. Vaccinations must be given 7 days prior to boarding to be considered valid. Cats showing signs of fleas, not current on vaccinations, or showing signs of contagious diseases will be boarded in isolation at an additional charge. Double sized cages are available for larger cats at an additional charge. All cats showing signs of fleas WILL be treated at the owner's expense. Cats are released during office hours only. Any cat not claimed within 10 days of pick up date listed above and without notification and prior approval from NOVA Cat Clinic will be considered abandoned and handled according to our best judgment.

I have read and agreed to the conditions listed above. If my cat(s) exhibit any signs of health risk during their stay, or any emergency situation arises, I authorize services including diagnostic, therapeutic, anesthetic, emergency and surgical procedures as deemed necessary for treating and maintaining my cat(s) health and well being. Should my cat(s) appear to be exhibiting a health risk or emergency situation, I understand that the doctor will try to contact me prior to initiating treatment. If I am unable to be located, I authorize the doctor to proceed with treatment as deemed necessary for the well being of my cat(s). I agree to hold the NOVA Cat Clinic harmless from any liability arising for the performance of the procedures referred to above. I understand that I will be responsible for all charges incurred at the time of discharge.

**Authorized Signature** \_\_\_\_\_