

Owner Information

Cat Information

Name _____ Name _____
 Address _____ Breed _____
 _____ Color _____
 Home Phone _____ Gender Male Female Age _____
 Cell Phone _____ Spayed/ Neutered Yes No
 Email address _____

Emergency Contact Name _____
Relationship to Owner _____
Emergency Contact Phone Number _____ **2nd Contact Number** _____

Boarding Dates Drop off _____ Pick Up _____ (after noon will be charged for additional day)

Medications Yes No _____

For the protection of your cat, CCV requires that any pet staying in the hospital for any reason must be current on their Rabies vaccination, Feline Distemper and a fecal examination.

Date of Last vaccination _____ **Where were they given?** _____

Feeding: Here at Cat Care of Vinings, we feed our borders Science Diet Sensitive Stomach to help alleviate stress induced diarrhea. If you prefer, you may bring your own food and from home. Please label your food and belongings with your cat's first and last name.

Type of Food _____ Treats _____

Quantity _____ Quantity _____

Feeding Times AM NOON PM Feeding Times AM NOON PM

_____ Client initials Personal Belongings: While our staff strives to meet all of you needs, we cannot be responsible for the loss or damage of personal items left in our care. Please label all belongings with your cat's first and last name.

Carrier <input type="checkbox"/> Yes <input type="checkbox"/> No	Description _____
Bed <input type="checkbox"/> Yes <input type="checkbox"/> No	Description _____
Collar <input type="checkbox"/> Yes <input type="checkbox"/> No	Description _____
Toys <input type="checkbox"/> Yes <input type="checkbox"/> No	Description _____

On occasion, a pet may become ill with minor conditions while boarding. The most common ailments are diarrhea, vomiting, and lack of appetite. Do we have permission to treat these minor ailments? Yes No

If a serious emergency medical condition arises while your pet is boarding with us, we will do our best to contact you at the numbers provided. In the event we cannot contact you, do we have your permission to treat your pet? Yes No

If yes, is there a monetary limit you would like to place on that treatment, and if so, what is the limit? \$ _____

_____ Client initials Please note we do not offer after-hours pickup. Pickup is by noon on the day of check out. Please call if you are going to be delayed. There will be an additional day's charge for any pet picked up after 12 noon.

Signature of Owner _____ **Date** _____