



320 S. Yonge Street, Ormond Beach, FL 32174 (386) 671-0747

**BOARDING SIGN-IN SHEET**

Owner's Name: \_\_\_\_\_ Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_

\_\_\_\_\_ Single (\$21.90/night) \_\_\_\_\_ Double (\$33.00/night) *required for cats over 14# or hard to handle cats*

Cat's Name \_\_\_\_\_ \*Diet: what, how much, how often \_\_\_\_\_ \*\*Meds: what, how much, how often \_\_\_\_\_

\*We provide Science Diet Original Adult dry food. Any other food must be provided or purchased.

\*\*The fee for administering owner provided medications is as follows:

\$2.90/day up to two meds

Insulin: \$4.40/day

\$4.40/day for 3 meds

Sub-Q fluids: \$30.50 each time

\$5.70/day for 4 or more meds



May we post vacation pictures of your cat on Facebook?  Yes  No



Person to contact in case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

May the emergency contact person make decisions regarding your cat on your behalf?  Yes  No

**For Your Cat's Health**

**Vaccination Policy:** To ensure the protection of all cats under our care, all cats must be up to date on Rabies and FVRCP (upper respiratory) vaccines. If you are unable to provide proof of vaccination, we will update those vaccinations in accordance with this policy. An exam fee will be charged in addition to vaccinations.

**External Parasites:**

**FLEAS!** If your cat has fleas or other parasites, he or she will be treated at your expense.

Type and Date of last flea prevention applied? \_\_\_\_\_

If not currently on flea prevention, may we apply the product of your choice? \_\_\_\_\_

**Medical Illness Policy:** If your cat(s) becomes ill, we will call the emergency number(s) listed above regarding your cat's symptoms, treatment options and estimate of additional costs. If no one can be reached, your cat will be treated as deemed best by the doctor and you will assume full responsibility for the treatment expense involved.

**Hurricane Policy:** In the case of a hurricane or other natural disaster, you will be responsible for evacuating your cat. We must put the safety of our staff first and we may not be in position to care for your cat during or after a hurricane.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## Special Instructions

<b>Yearly</b>	<input type="checkbox"/> Annual Exam <input type="checkbox"/> Rabies <input type="checkbox"/> FeLV <input type="checkbox"/> FVRCP <input type="checkbox"/> Fecal <input type="checkbox"/> Semi-Annual Exam <input type="checkbox"/> Yearly Labwork <input type="checkbox"/> Blood Glucose Check <input type="checkbox"/> Blood Glucose Curve
<b>Grooming</b>	<input type="checkbox"/> Bath <input type="checkbox"/> Belly Shave <input type="checkbox"/> Nail Trim <input type="checkbox"/> Sani <input type="checkbox"/> Brush Out <input type="checkbox"/> Lion Cut <input type="checkbox"/> De-Mat
<b>Lioncut</b>	<u>Mane:</u> <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <u>Boots:</u> <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <u>Tail:</u> <input type="checkbox"/> Full <input type="checkbox"/> Poof
<b>Sedation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please read and sign below

## Sedation Consent

**PRE-ANESTHETIC EXAM AND BLOOD TESTING:** There is always a risk associated with anesthesia, regardless of the procedure to be performed. Most, but not all of these risk factors can be determined by a complete physical examination and pre-anesthetic blood testing.

**ANESTHETIC COST:** Each anesthetic procedure is designed specifically for your individual cat. The procedures and the agents used vary considerably depending on several variables including the age and medical history of your cat, and on the length and type of procedure being performed.

**AUTHORIZATION: By signing below, you are verifying that:**

- I am the owner or agent for the owner of the above-described cat.
- I understand that during the performance of the ensuing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the ensuing procedure(s) or different procedure(s) than those set forth above; therefore, I hereby authorize the performance of such procedure(s) as are necessary in the exercise of the veterinarian's professional judgment.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_