



Boarding Intake Form

Client Name: _____

Phone Number: _____

Address: _____

In case you cannot be contacted is anyone else authorized as an agent to make decisions regarding your cat's care _____

Name _____

Phone Number: _____

Relationship: _____

Drop Off Date: _____

Pick Up Date: _____

Cat Name: _____

Breed: _____

Color: _____

Age: _____

Any medical conditions: _____

Medication: _____

Personal items (Food, Carrier, Toys, Blankets.): _____

Special instructions: _____

Would you like any other services while your cat is being boarded?

Physical Exam _____

Update Vaccines _____

Nail trim _____

Grooming or Bath _____

Flea Treatment _____

Other _____

Please note that the Cat Clinic requires proof of Rabies vaccine and FVRCP Distemper Vaccine for all boarding cats. If you cannot provide such proof, we will vaccinate your cat at an additional charge for Rabies and Distemper.

To protect the health of all our patients and boarders, if your cat shows clinical signs of anything that is deemed by the vet to be contagious, the vet will perform a focus exam. If the vet determines during this exam that the cat is likely to be contagious, then the cat will be boarded in isolation. Additional charges for the exam and isolation boarding will be applied.

It is also required that your cat be either spayed or neuter. This helps to create a happy and safe feline environment, and is courtesy to all of our guests.

While we pledge to provide appropriate care to all the cats that board with us, the Cat Clinic cannot guarantee the health of any animal. If your cat should become ill during its stay with us, we will attempt to contact you immediately.

By signing below, I authorize the Cat Clinic of Chattanooga to board my cat for the dates above at a rate of \$_____ per day plus the charges for any additional services requested. I further agree that should my cat become ill during its stay, the Cat Clinic is authorized to give appropriate treatment to my cat until I or my authorized agent can be reached. I also agree to pay all related expenses associated with such treatment until I am available to discuss further care and related fees with Dr. Toumayan. I will make full payment of all charges incurred at the time of discharge.

Sign _____ Date _____