



RETURNING CAT BOARDING REGISTRATION

ARRIVAL DATE _____ DEPARTURE DATE _____ PICK UP TIME _____
Owner's name _____ Emergency Contact/Phone _____

Pet Information

(This section must be completely filled out)

| | | |
|--|--|--|
| Cat's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____ Does your cat have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____ | Cat's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____ Does your cat have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____ | Cat's Name: _____ Weight at check in: _____ Feeding Instructions: _____ _____ Medical Condition: _____ _____ Medication: _____ _____ Does your cat have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____ |
| For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. CVH Staff Verification (Staff Initial) RV____ FVRCP____ Fecal (negative) _____ | For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. CVH Staff Verification (Staff Initial) RV____ FVRCP____ Fecal (negative) _____ | For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. CVH Staff Verification (Staff Initial) RV____ FVRCP____ Fecal (negative) _____ |

Additional Services:

- TLC Boarding Package (\$5.00 per day extra), Email Address: _____
- Dr. Appointment (please be specific) _____

ALL CHECK-INS pay for a full night of boarding. CHECK-OUTS after 11am will be charged for a half day of boarding. Drop offs or pick ups outside the regular hours may be arranged in advance for an additional \$20. If no arrangements are made for a late pickup, the Manager has the right to close the facility and the owner will be charged for an additional nights boarding at our standard rate. Owner understands and agrees to the charges for boarding at CVH. **(Owner Initial)** _____.

Medical Illness Policy (please choose one of the following options)

(If you have multiple cats boarding with us, this medical illness policy covers all of the dogs.)

Option 1: If your pet(s) becomes ill or is injured during his/her stay, I authorize Chatfield Veterinary Hospital to perform whatever services the doctors deems necessary for the best car of my pet(s).

If the cost is going to exceed \$ _____ further authorization by the owner or authorized agent must be given. The emergency phone # is: _____ **(Owner Initial)** _____.

Option 2: If my pet(s) become ill or injured during his/her stay, I wish to be called prior to Chatfield Veterinary Hospital performing any services for my pet(s). The emergency phone # is: _____ **(Owner Initial)** _____.

By signing and dating the following you are acknowledging and agreeing to all of the terms on Page #3 of the original boarding registration form you previously filled out during your pet(s) initial boarding visit.

DATE: _____ **SIGNATURE (Owner/Agent):** _____

Checked in by (CVH initials) _____