

Grass Lake Animal Hospital Cat Boarding Reservation

Client: _____ Pet: _____

Dates of reservation: _____

Services requested/due: _____

Diet: In House Science Diet Dry _____ Wet _____ Own Food _____

Amount fed during each meal? _____ How many meals a day? _____

Medications:	Name	Dosage	Frequency
*1.	_____	_____	_____
*2.	_____	_____	_____
*3.	_____	_____	_____
*4.	_____	_____	_____

**additional charges will apply*

Special Care Instructions or additional medications: _____

Overnight care is provided at the discretion of the attending veterinarian. If you desire 24-hour care, please let us know so that we can direct you to the appropriate facility. Initials _____

Pets found to have external or internal parasites while boarding will be treated at the pet owner's expense. Initials _____

If your pet should become ill while boarding, the doctor on call will be alerted and treatment will be provided if we notice anything amiss. **We will do our best to contact you but will proceed with whatever is deemed necessary for diagnosis or treatment; this will be provided at the pet owner's expense.** Initials _____

Would you like your pet to benefit from feliway spray while in our boarding facility for a more relaxing stay? (circle one) Yes / NO. Initials _____

If you leave items, we cannot be held responsible for any damage or loss to them. Items brought with pet: _____

Emergency phone numbers/alternate contacts _____

Client signature: _____ Date: _____

For Office Use:

Liability Release Form signed? _____ Estimate signed? _____ Flow sheet: _____

Due Date: Rabies _____ Dist _____ FeLV _____ Fecal _____

WEIGHT: _____ Weight in Computer & Chart: _____ Check in computer: _____ Capstar: _____

Exam in past 6mo? Y N If no, EXAMC: _____