



# Catnip Suites

## BOARDING AGREEMENT

Cat's Name \_\_\_\_\_ Check-In Date \_\_\_\_\_

Client Name \_\_\_\_\_ Best Contact Phone # \_\_\_\_\_

Check-Out Date \_\_\_\_\_ Emergency Contact Information \_\_\_\_\_

### Your Cat's Current Health Status

**\*\* IF YOUR CAT IS ON ANY MEDICATIONS YOU MUST FILL-OUT THE BOARDING MEDICATION FORM \*\***

Have you noticed any of the following recently? Please  check any that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Sneezing or Discharge from Eyes or Nose? | <input type="checkbox"/> Coughing or gagging?                      |
| <input type="checkbox"/> Vomiting or Regurgitation?               | <input type="checkbox"/> Abnormally loose or dry stools?           |
| <input type="checkbox"/> Straining in the litter box?             | <input type="checkbox"/> Increase in drinking and/or urine volume? |
| <input type="checkbox"/> Weight loss or Weight gain?              | <input type="checkbox"/> Limping or Discomfort?                    |

Please provide details of any of these or other medical concerns to us.

Cats can be very sensitive to diet changes. We request that you bring a supply of your cat's regular diet for their stay to minimize the chances that a change will upset their intestinal system. Otherwise, we will try to feed food from our supply that is similar if possible. Please specify your cat's dietary regimen below. Please list the **Specific** food(s) you feed below and check appropriate boxes:

Canned       Dry       BOTH     free choice    vs     meal feeding

### Personal Belongings

We have an abundant supply of towels, blankets, bedding, and toys to keep your cat comfortable and happy. Personal items left may need to be washed and could be damaged or misplaced. Therefore items with sentimental value should not be left. If you do choose to leave personal items, please provide us a list of these items and any specific instructions you wish us to follow.

## Medical Requirements for Boarding

1. Examination by one of our veterinarians within the last 6 months year subject to attending veterinarian's recommendations based on cats age and current health status.
2. Current vaccination status: **FVRCP** (Distemper/Upper Respiratory Viruses) and **RABIES** vaccinations are typically required every 3 years for most cats. **Feline Leukemia** vaccination is often required yearly for cats that go outdoors. Exact vaccine requirements are up to the discretion of The Cat Doctor Veterinary Staff.
3. Flea Preventative/treatment (Advantage, Revolution, Frontline or approved equivalent) applied to your cat in the last 30 days. (Cats not current on an approved flea preventative will need to be treated at owner's expense).

Is your cat on flea preventative? \_\_\_\_\_ Which One? *Revolution* *Advantage* *Frontline*  
*Other?*

Approximate date when last applied to your cat? \_\_\_\_\_

4. Feline Leukemia (Felv) and Feline Aids (FIV) status must be known for every boarding cat. Cats that have never been tested will need to be at the owner's expense. Cats that are outdoors and have exposure to other cats should be tested yearly.

If your cat is past due for any of the above items, please discuss this with our staff. Your cat will need to be examined and these items updated at your expense. If your cat has had allergic reactions to vaccines or other medications, or has a medical condition that precludes these requirements, we will need to discuss and make exemption arrangements.

Our primary goal is the reasonable protection of all of our boarders, patients, and staff from unnecessary exposure to infectious diseases.

Cats that become ill, or do not eat for 48 hours will be examined by one of our veterinarians and may be treated at the owner's expense. If you cat becomes ill during their stay with us, our veterinary staff will need to examine your cat. Any treatments deemed necessary for the comfort of your cat will be implemented immediately at the owner's expense. If our veterinary staff feels that the situation

**I have read and accept The Cat Doctor's Boarding Policies and Fees:**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE