

Killarney Cat Hospital Boarding Admission Form

Owner's Name: _____ Cat' name: _____
Phone number where you can be reached in case of emergency _____ Today's date _____
Date of pick up: _____ Approximate time of pick up: _____
Name of person picking up cat (if other than owner): _____
Emergency contact person: _____ Emergency phone number: _____
Keep Me Updated Via E-Mail Yes ___ No ___ E-Mail Address: _____

Please disregard boxes 1, 2, and 3 if you are a client of Killarney Cat Hospital.

1. CLIENT INFORMATION (for new clients only)

Owner's last name: Mr. Mrs. Miss Ms. _____	Owner's First Name: _____
Spouse's Name: _____	
Street Address: _____	City: _____ Postal code: _____
Home Phone: _____	Work Phone: _____ Cell Phone: _____
Pager: _____	e-mail address: _____
How did you hear about our hospital? _____	

2. PATIENT DATA (new clients only)

Cat's Name: _____	Sex: Male ___ Female ___	Spayed ___ Neutered ___
Breed: _____	Colour _____	Age or Birth Date _____

3. PATIENT MEDICAL HISTORY (new clients only)

My cat has been vaccinated in the past 12 months: Yes ___ No ___	Date (approximate) of last vaccination: _____
Veterinary clinic who administered most recent vaccination: _____	
Please list any medical problems you cat has had in the past: _____	
Please list any current or ongoing medical problems: _____	
Is your pet currently on any medication or special diet? Yes ___ No ___ Please describe. _____	
Is your cat allergic to anything? Yes ___ No ___ Please describe. _____	
Has your cat been insured? Yes ___ No ___ If yes, which provider: Petplan ___ Petcare ___ Which type of policy? _____	
Other _____	

4. MEDICAL PROCEDURES REQUESTED: please list any medical procedures you wish your cat to have while boarding.

<input type="checkbox"/> Nail Trim.....	Complimentary
<input type="checkbox"/> Fecal Exam (20% Discount).....	\$28.00
<input type="checkbox"/> Blood Work (10% Discount).....	Please Ask
<input type="checkbox"/> Dental cleaning under general anaesthesia.....	Please Ask
<input type="checkbox"/> Other. Please explain. _____	

5. **MEDICATION ADMINISTRATION:** include detailed directions on any medications such as dose/ volume of each drug, and frequency of administration. (ADDITIONAL CHARGE OF \$11.00 per night with the exception of Insulin Administration which is an additional charge of \$15.00 per night)

Medication	Dosage	Frequency

6. **BELONGINGS:** please list any items you are bringing from home for your cat

7. **FEEDING INSTRUCTIONS:** list type of food, feeding. amount and frequency _____

OUR RATES:

Complete care (standard) per night.....\$20.50 Complete care (standard) per month.....\$ 487.00

Important Notice for your pet’s health:

Our Vaccination Policy:

To ensure the protection of all pets under our care, the following vaccinations must be up to date (ie. administered within the past 12 months prior to boarding): FVRCP (Distemper, Calicivirus, and Rhinotracheitis). If your cat arrives without current FVRCP vaccination, he/she will be vaccinated immediately at the owner’s expense and will be required to remain in isolation for a minimum of 7 days or until the cat returns home. Fees for isolation will be charged to the owner at an additional \$19.50/ day. If your cat is not current on FVRCP vaccination and you wish to have him vaccinated prior to boarding, he/she must be vaccinated a minimum of 14 days prior to arrival in order to avoid the need for isolation. Cats which may bite or scratch must also be vaccinated for Rabies. All cats entering the hospital must be free of external parasites or they will be treated and placed in isolation at the owner’s expense.

Medical Illness Policy:

One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available. If your cat becomes ill, we will perform a brief physical examination and call the emergency phone number(s) listed above. We will then discuss your cat’s symptoms, physical exam findings, treatment options and estimated additional cost. If no one can be reached at the emergency contact number(s), we are obligated to administer basic medical care to any cats under our supervision. Please indicate your wishes on the following list if no one can be reached and your pet requires immediate treatment:

1. **__ Please perform whatever services the doctor deems necessary for the best care of my cat until the emergency contact person can be reached. This includes only non-elective treatments and any necessary diagnostics.**
2. **__ I authorize up to (check one): \$100.00 ___ \$250.00 ___ or \$ _____ of medical care for my cat until the emergency contact person can be reached.**
3. **__ Do not administer any medical treatment until specific authorization is given by the emergency contact person.**

CHECK OUT TIME IS AT 1pm THE DAY OF PICK UP

Client will be charged a full day of boarding (\$20.50) if the cat is picked up after 1pm.

Reasonable precautions will be used to prevent injury, escape or death of your cat. The hospital and its staff will not be held liable for any such problems that may develop, provided reasonable care and precautions are taken. I agree to pick up my cat on or around the above described date and time. If circumstances change, I will notify the hospital of a new pick up date as soon as possible. Pets not collected 10 days after the above-specified date will be considered abandoned and will be put up for adoption or disposed of, as deemed necessary, at the owner’s expense. Fees are charged on a per night basis, pets are released only during regular hospital hours. Full payment is due upon release. An interest rate of 1.5% will be charged monthly on all outstanding accounts.

Signature of owner or agent for above pet(s): _____

FOR OFFICE USE ONLY

Admitted by

Discharged by