

Town N' Country Feline Boarding Agreement

Cats Name: _____

Check-In Date: _____ Check-Out Date: _____

Pick-Up Time: _____ Pick-ups Preferred after 9am unless otherwise requested.

Client Name: _____ Contact Phone #: _____

Emergency Contact Name: _____ Phone #: _____

*Please ensure that your designated Emergency Contact Person is aware that you have given his/her name, and is willing and able to make decisions regarding the care and well-being of your cat.

Any cat not claimed within ten (10) days of the given pick-up date, without new provisions being made, will be considered abandoned, and becomes the property of Town N' Country Animal Hospital and will be handled according to our best judgment.

***ALL CATS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAMINATION, GIVEN BY A DOCTOR OF THE TOWN N' COUNTRY ANIMAL HOSPITAL STAFF. THEIR VACCINATIONS MUST BE UP TO DATE INCLUDING VACCINATIONS FOR FVRCP (DISTEMPER/UPPER RESPIRATORY), RABIES, AND FECAL. IF YOUR CAT IS PAST DUE, YOUR CAT WILL BE EXAMINED AND GIVEN THE NECESSARY VACCINATIONS OR TESTS UPON ADMISSION, AND CURRENT CHARGES WILL APPLY. THEY MUST BE FREE OF EXTERNAL PARASITES, AND CATS FOUND TO HAVE EVIDENCE OF PARASITES WILL BE TREATED AT THE OWNER'S EXPENSE. IF YOUR CAT HAS SPECIAL DIETARY NEEDS OR PREFERENCES YOU MUST PROVIDE THE FOOD OR IT MAY PROVIDED AT CURRENT CHARGES.**

Medications

You must bring all medications in their original containers. If medications are not provided, you will be charged at the current rates. Please list any/all medications below, their dosages and instructions.

Medication Name	Dosage Amount	Dosage Instructions	Time Given

Special Instructions

*Unless otherwise instructed your cat will receive Purina Diets. If your cat has other dietary needs, please provide the food or allow us to provide it at current charges.

I have special dietary instructions for my cat. Please Specify:

How much and how often do you feed your cat. Please Specify:

I am leaving personal belongings with my cat. Please List:

(Please Mark Item's with your Cats Name)

Please Check the Following:

I would like my cat to receive:

- Kitty Condo Resort:** Standard stay at Town N' Country Animal Hospital. Provided for our healthy boarders. Offers your cat special attention to meals, behavior, and health observations by trained professionals, and human contact to make them feel at home.

- V.I.P. Pet Care:** Offers personal playtime with our caregivers, daily brushing, and treat time if desired. For an additional \$12.00 per session, per pet.

- Hospital Boarding:** Provided for cats with extensive special needs. They will receive close monitoring by our trained staff of medical professionals during the hospital's normal hours. Additional fees apply.

- Bath:** Provided at request of owner. Cats will receive a bath with the use of both shampoo and conditioner and will be dried and brushed following the bath. Additional fees apply according to the weight of the cat.

- Groom:** Provided at request of owner if time is available on the date requested for the groom. Cats will receive a bath with the use of both shampoo and conditioner. They will have their nails trimmed, their ears cleaned, and their anal glands expressed. Cats will be dried and brushed out and their hair will be trimmed to the owner's specific liking. Additional fees apply according to the weight of the cat, and if de-matting is necessary.

- Nail Trim:** Provided at request of owner. Both front and rear claws will be trimmed. Additional fees apply.

The undersigned hereby warrants that they are the owner of authorized emergency contact for the cat listed in this record and does consent and authorize Town N' Country Animal Hospital to care for and treat said cat. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my cat until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an

emergency or unanticipated situation arises with my cat. If I am unable to be reached, I authorize the veterinarians to proceed with treatment as deemed necessary for the well-being of my cat. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my cat while it is residing in the boarding facility, I consent to and authorize Town N' Country Animal Hospital to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my cat's health and well-being. I understand that with any procedure or treatment that there are risks that may not be predictable, including death, and I accept these risks, while I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my cat's safety and well-being while in Town N' Country Animal Hospital's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, that non-emergency procedures or services will not be performed, at that this may mean that my cat may need to have another procedure at a future date at my expense.

Authorized Signature: _____

Date: _____