

CATS EXCLUSIVELY VETERINARY HOSPITAL

1311 Marsh Road
Pittsford, NY 14534
(585) 248-9590

Boarding Release Form

Client ID: _____(For office use only)	Patient ID: _____(For office use only)
Client Name: _____	Name: _____
Address: _____	Species: Feline
_____	Breed: DSH or other _____
_____	Sex: (Circle one) M/N, F/S, Male or Female
Telephone: _____	Color: _____
	Markings: _____
	Birth Date or age: _____

Pet Name: _____ is boarding from ____/____/____ to ____/____/____

Please list any medical problems/drug reactions/allergies:

Please list any medications to be given, their dosages, and frequency:

Please list the kind of food your cat eats, including whether you feed dry or can:

Please list any items, including carriers, you brought with you:

In case of emergency, phone number(s) where I can be reached:

Alternate contact person: _____ Phone number: _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations unless otherwise specified by a staff doctor.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. CATS EXCLUSIVELY VETERINARY HOSPITAL has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, CATS EXCLUSIVELY VETERINARY HOSPITAL has my permission to administer such medication.

I have read the boarding requirements and understand the hospital's policies.

Signed : _____