



**Cats Exclusively Veterinary Hospital**  
1311 Marsh Road  
Pittsford, NY 14534  
(585) 248-9590

# BOARDING RELEASE FORM

<b>Client ID:</b>	<b>Patient ID:</b>
<b>Client Name:</b>	<b>Cat's Name:</b>
<b>Address:</b>	<b>Sex:</b> Male   Male Neutered   Female   Female Spayed
	<b>Breed:</b>
<b>Phone:</b>	<b>Color:</b>
	<b>Markings:</b>
	<b>Birth Date or Age:</b>

Cat 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, amounts, and frequency:
Please list any items, including carriers, you brought with you:
Please list any additional services your cat will require during their stay with us (nail trims, grooming, etc.):
In case of an 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 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: \_\_\_\_\_