



The CAT DOCTOR

9151 Ustick Road * Boise, ID 83704

(208) 327-7706

Fax (208) 327-0676

VETERINARY HOSPITAL & HOTEL

www.catdr.com

BOARDING CHECK-IN FORM

(To be filled out on the day of check-in)

Owner(s) _____

Date In: _____ Date Out: _____ Approx. Pick-up Time: _____

I/We can be reached at _____ In case of emergency, please call (local) _____ at _____

Will someone other than you be picking up your cat? No Yes If Yes, who? _____ (Payment arrangements will need to be made in advance.)

Form with two columns for CAT #1 and CAT #2, including sections for symptoms, food preference, medication information, and misc. information.

FOR YOUR CAT'S HEALTH

To ensure the protection of all cats under our care: If fleas are found, a flea treatment will be applied. If your cat develops or comes in with symptoms suggestive of infectious disease, an immediate physical examination, appropriate medication and isolation will be arranged at our doctor's discretion.

OUR MEDICAL ILLNESS POLICY

If your cat(s) becomes ill, we will call the emergency numbers you have listed on this form regarding your cat's symptoms, treatment options and estimate of additional costs.

Until someone can be reached, I authorize up to (check one):

- \$100 \$250 Perform whatever services the doctor deems necessary. (This includes only non-elective treatments and any necessary diagnostics.)

I intend to pick up my cat(s) on the above date specified. If circumstances change, I will notify the hospital of a new pick-up date. I understand that if I pick up my cat(s) before the specified date above, there will be an early pick-up fee.

Owner or Agent for the cat(s): _____ Date: _____

Printed Name: _____