The CAT DOCTOR
VETERINARY HOSPITAL & HOTEL

9151 Ustick Road • Boise, Idaho 83704
(208) 327.7706 • Fax (208) 327.0676
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: _____

If we need to contact you for any reason, how would you prefer contact be made?

Phone: _____ Text: _____ Email: _____

If we cannot reach you, who would you like us to contact? _____ Phone: _____

Will someone other than you be picking up your cat? ☐No ☐Yes If Yes, who? _____

(Payment arrangements will need to be made in advance.)

CAT #1 NAME: _____ □ Sneezing □ Coughing □ Runny Eyes □ Vomiting □ Diarrhea □ Other _____ Has your cat been treated for fleas in the last 30 days? ☐Yes ☐No	**Check any symptoms present in the last 48 hours** **Please explain.**	**CAT #1 NAME:** _____ □ Sneezing □ Coughing □ Runny Eyes □ Vomiting □ Diarrhea □ Other _____ Has your cat been treated for fleas in the last 30 days? ☐Yes ☐No Do you want the door open between condos? ☐Yes ☐No
□ ProPlan Chicken & Rice (with hairball control) □ ProPlan Salmon & Rice □ Taste of the Wild – Rocky Mountain (grain free) □ Other (supplied by owner) Canned: _____ Amt: _____ Freq: _____ Dry: _____ Amt: _____ Freq: _____ Treats: _____ Amt: _____ Freq: _____	**Food Preference**	□ ProPlan Chicken & Rice (with hairball control) □ ProPlan Salmon & Rice □ Taste of the Wild – Rocky Mountain (grain free) □ Other (supplied by owner) Canned: _____ Amt: _____ Freq: _____ Dry: _____ Amt: _____ Freq: _____ Treats: _____ Amt: _____ Freq: _____
Are there any medications from home? ☐Yes ☐No (Please bring all medications in their original containers.) Medication#1: _____ Instructions: _____ Last given: _____ Medication#2: _____ Instructions: _____ Last given: _____	**Medication Information**	Are there any medications from home? ☐Yes ☐No (Please bring all medications in their original containers.) Medication#1: _____ Instructions: _____ Last given: _____ Medication#2: _____ Instructions: _____ Last given: _____
(There are additional fees for medications, injections and supplements.) Regular veterinarian: _____ Special Instructions: _____ ***Would you like your cat to receive a complimentary nail trim?*** **□ Yes □ No**	**Misc. Information**	(There are additional fees for medications, injections and supplements.) Regular veterinarian: _____ Special Instructions: _____ ***Would you like your cat to receive a complimentary nail trim?*** **□ Yes □ No**

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. If your cat does not eat for two consecutive days, an appetite stimulant will be given on the third day. Charges for these services will be added to your bill. Further care will be addressed according to your wishes below.

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. Please choose one of the options listed below to indicate your wishes in case we cannot reach you or your authorized agent.

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) *after* the specified date above, my cat(s) may have to move to Hospital Boarding if there are no Pampered Boarding vacancies available beyond my reservation time and I will be charged appropriately.

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

Printed Name: _____