

K.C. CAT CLINIC
7107 Main Street Kansas City, MO 64114
Phone (816) 361-4888
kccatclinic.com

BOARDING ADMISSION FORM (please use one form for each cat)
Please don't forget to read and sign the back.
There is important policy stuff there, especially about cats that get stressed.

Owner's Name: _____ Pet's Name: _____

Today's Date: _____

Pick up Date and Time: _____

Kitties may be picked up from 8:30 a.m. to 5:00 p.m., Monday-Friday

RESPONSIBLE PARTY AND NUMBER TO CALL IN CASE OF EMERGENCY:

Name: _____ Phone: _____

Vaccinations are required for all boarding kitties!
If Vaccinations are due or overdue they will be done upon admission.
You will be charged for the vaccinations and the exam.

WHAT DOES YOUR CAT NEED?(PLEASE READ AND ANSWER ALL THE FOLLOWING).

_____ **Medications** to be given while boarding

Medication	Dose	How Often	When Next Dose is Due
1. _____	_____	_____	_____ a.m. p.m.
2. _____	_____	_____	_____ a.m. p.m.
3. _____	_____	_____	_____ a.m. p.m.

Diet—Please check one
_____ *Special--I brought my cat's own food. Please indicate what kind and how much to feed*
_____ *Prescription food --some prescription foods available at the clinic for an additional charge. Please indicate what kind and how much.*
_____ *Non-prescription. We feed Science Diet dry and Friskies canned products.*
Please circle one: Canned Dry Both Canned and Dry
How much do you feed?

ADDITIONAL SERVICES TO BE PERFORMED WHILE BOARDING
*****Please fill out the pre-exam questionnaire*****

_____ Wellness Exam _____ Wellness Exam with Vaccinations _____ Other

_____ Progress Evaluation for Previously Diagnosed Problem

Please read and sign reverse side

OTHER IMPORTANT POLICY AND BILLING STUFF AND, OF COURSE, A RELEASE

PLEASE READ CAREFULLY

All cats must have verification of current vaccinations.

All cats must be free of parasites. If parasites are found on your cat, your pet will be treated with an appropriate product and the charge will be reflected on your bill. If we find evidence of fleas on your cat, please be advised that we will apply the appropriate dose of Revolution topical solution and that there is a charge for this treatment.

If your cat manifests any sign of illness, reasonable and appropriate medical measures will be taken. So if your cat doesn't eat well despite all our enticements, has stool changes or gets sick some other way, an exam will be performed by the doctor and a management plan will be started. Your bill will show charges for these services. We promise that we will do only what we feel is necessary and right. On the flip side, if we are recommending testing and it's not something that we have to have because of an imminent medical problem, we will talk about our concerns with you first, and have you authorize the suggested testing.

Cats don't like to be boarded. They get frightened and stressed to varying degrees and that results in cats that don't eat well and cats that become aggressive because they think they have to fight for their life. If your cat is so scared that it urinates and defecates on itself, bites, claws or injures us and makes care difficult, expect an increased boarding charge. It's not just that that cat is difficult to care for, it's bad for the cat to be subjected to that kind of stress. Boarding is never the best option, even under the best of circumstances. We will help you find cat sitters. We aren't going to sugarcoat the amount of stress that these cats are under.

Please don't ask to change the rules.

TOYS AND ACCESSORIES

WE DISCOURAGE TOYS FOR THE BOARDERS. THEY USUALLY GO INTO THE LITTER PAN OR THE WATER BOWL THE FIRST DAY. THE SAME THING GOES FOR BLANKETS AND CLOTHES. WE END UP WASHING THE SMELL OF HOME OFF STUFF RIGHT OFF THE BAT OR WE HAVE TO BAG UP A YUCKY THING FOR YOU TO TAKE HOME. WE GIVE EACH BOARDER FRESH TOWELS EACH DAY AND PLACES TO BURROW IF THEY NEED IT. IF YOU BRING TOYS, WE CAN'T TELL YOU THAT YOU WILL GET THEM BACK. THEY GET LOST EASILY WHEN WE ARE CHANGING CAGES OR GETTING THEM READY TO GO HOME. SO... IF YOU'RE SENDING A TOY, PLEASE SIGN OFF THAT YOU REALIZE THAT IT MIGHT NOT COME BACK AND IF IT DOES, IT MIGHT BE SOILED.

I am the owner/owner's agent of the cat described above. I have read and understand all the policy information and will abide by it. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, or become ill. I also authorize the hospital director and staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary to the well being of my pet.

Signature _____ Date _____

