**Pet’s Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cage Type:** Cage: S / M / L / Condo **Check In Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Check Out Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diet** (please choose) : **Pinetree Animal Hospital Dry “House” Food**  \_\_\_\_\_\_\_\_\_\_ **Special Diet:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Brought Food:** ( Brand, wet, dry, etc. ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feeding Instructions :** ( Be Specific ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **MEDICATIONS:** ( Name )  | **DOSAGE: ( SID – once a day ) ( BID – twice a day )** |
|   |  |
|  |  |
|  |  |
|  |  |

**Known Medical Issues / History:** *( Ex. Seizures, Diabetic, etc. )*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL ITEMS BROUGHT: (Be Very Descriptive) : (** *PINETREE NOT RESPONSIBLE FOR ANY LOST BLANKETS, TOYS, BEDDING, ETC.* **)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOARDING DETAILS: (** *Hospital use only* **)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day  |  |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |  |
| Urination AM  PM |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Stool AM  PM |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Appetite: AM |  |  |  |  |  |  |  |
| Appetite: PM |  |  |  |  |  |  |  |
| Attitude: (*Issues Noted*) |  |  |  |  |  |  |  |
| **Circle Items due** : ( Hospital Use Only ) **Appointment Date**: |  **Date Given**:  | **Performed by**: |
| **Exam** **/ RV / RCPC / FeLV / FeLV-FIV TEST / FECAL / NT** |  |  |

Pinetree Animal Hospital - Feline Boarding Agreement

**Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Check In Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Check Out**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** ( someone who is allowed to make treatment decisions if you cannot be reached )

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you or emergency contact cannot be reached*: ( please initial choice )

\_\_\_\_\_\_\_\_\_ Please treat my cat as required. I will be responsible for all charges when I pick up my cat.

\_\_\_\_\_\_\_\_\_ Perform *only* emergency and supportive care until I can be notified. I will be responsible for all charges when I pick up my cat.

\_\_\_\_\_\_\_\_\_ **DO NOT** perform any diagnostics or treatments until I am notified and consent for you to evaluate and treat my cat.

Procedures required and / or requested during cat’s stay with us:

Cats MUST be current on Annual Exam, Rabies, and RCPC

\_\_\_\_\_ Physical Exam

\_\_\_\_\_ Rabies

\_\_\_\_\_ RCPC ( Feline Distemper )

\_\_\_\_\_ FeLV ( Feline Leukemia Vaccine

\_\_\_\_\_ FeLV / FIV Test

\_\_\_\_\_ Nail Trim

\_\_\_\_\_ Fecal

Scheduled Appointment for Requested Procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *( continue on back*