



Boarding Release Form

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

- **Cats must be on the same diet if they are to be housed together in the Paris or Hawaii Suites.**
- **All cats must be up to date on vaccines to be boarded at our hospital. Please be sure that we have your proof of vaccination on file.**
- **Highly aggressive cats, will have an additional fee of \$10 added to their daily boarding. This is stressful for the kitty in question, the kitties around him/her and the staff. Please ask us for in home recommendations.**

Patient(s) _____ Last Name: _____

Dates Boarding ____/____/____ to ____/____/____

Requested Housing (subject to availability)

____ Studio Apartment ____ Hawaii Suite ____ Paris Suite

Emergency phone number(s) where I can be reached &/or contact person's phone number &name.

Is the animal currently **taking any medication**? No _____ Yes _____

If yes, please list the medication and how often it is given: _____

Every attempt will be made to medicate your cat; however, if a boarder is highly aggressive, we may not be able to medicate him/her during their stay.

Did you bring food? No _____ Yes _____ (Food charge \$3.96/day/cat)

If yes, what type and how often do you normally feed your cat per day? What amount do you feed your kitty? (ex EVO dry food, 1/4c twice a day) _____

If not, how often and what amount do you normally feed your cat? _____



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Please list and describe any other items brought with your kitty:

_____ Treats _____

_____ Bedding _____

_____ Toys _____

_____ Other _____

Please note that any and all items left in our care will be treated properly but we cannot be held responsible for loss or damage that may occur to your pet's belongings during their stay at HCH.

_____ (please initial here if you are leaving any belongings)

Are there any other services you would like performed during your cat's stay?

Please initial to accept or decline for the following common services (at additional cost).

Accept Decline

_____ _____ Please complete a urinalysis. (Recommended if >6 yr)

_____ _____ Please radiograph my pet's chest to detect possible heart/lung disease. (Recommended if >6yr)

_____ _____ Please scan my pet, if no microchip is found, please permanently identify with a microchip.

_____ _____ Please trim my pet's nails if indicated.

_____ _____ Please clean my pet's ears if indicated.

Has your pet shown any recent signs of:

Vomiting? ___ **Diarrhea?** ___ **Sneezing?** ___ **Coughing?** ___

Please explain (frequency, discharge, etc): _____

Is there anything else that you would like addressed by Hebron Cat Hospital while your pet is staying

with us? _____



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In the event that my companion animal arrests while staying at Hebron Cat Hospital, I authorize CPR code (please initial your choice):

	DNR	No resuscitation
	CPR	Normal CPR involving chest compressions, oxygen therapy and medications such as epinephrine, atropine, etc

Please read and sign the following agreement.

In case of illness or injury, I, the undersigned do hereby give my consent for Deanne Durham, DVM, her agents, servants, and/or representatives to treat, prescribe for, or operate upon my pet(s) while they are being boarded at Hebron Cat Hospital. You are to use all reasonable precautions against illness, injury, or escape of my pet, but you will not be held liable or responsible in any manner whatsoever, or any circumstances, on account of the care, treatment, or safe keeping of my pet, as it is thoroughly understood that I assume all risks. Should the circumstance arise that my pet remains unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address on file. Seven days after such written notice the pet will be considered abandoned and may be disposed of, or destroyed as HCH deems best. It is further understood that such action will not relieve the undersigned from paying all costs of our services and the use of our hospital, including the cost of the boarding service. I understand that if my pet is not up to date on annual vaccines, they will be given and I will be responsible for the payment of these services.

ANY PET ADMITTED FOR BOARDING THAT IS INFESTED WITH FLEAS AND/OR TICKS WILL BE TREATED AT OWNER'S EXPENSE. AN EXTRA FEE WILL BE ADDED FOR ANIMALS REQUIRING SPECIAL HANDLING

My cats are up to date on vaccines and I have provided proof of vaccination.

I have read and agree.

Signature of Owner/Agent of Owner

Date: _____

Office use only:

Check-in weight _____

Check-out weight _____