

Allentown Cat Clinic, P.C.

4090 West Tilghman Street

Allentown, Pa. 18104

Phone: 610-398-3556 Fax: 610-398-4486

Boarding Agreement

Date: _____

Client's Name / Number _____

Cat's Name _____

Boarding Period _____

Medications _____

Dietary Needs _____

Date of Last Vaccinations* _____

***All cats boarding with us MUST be up to date with vaccinations. Proof of vaccination is required one week prior to boarding. If you are currently a client of Allentown Cat Clinic and your cat has been vaccinated for the past two years, and is currently due, we will vaccinate during the cats stay. There is an examination fee charged along with the vaccination fees.**

1. It is understood that my cat(s) will be fed and properly housed in sanitary and safe conditions. Reasonable precautions will be used to prevent injury, escape or death of this cat(s). This clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed.
2. I understand that any problem that develops with my cat(s) will be treated as deemed necessary by the staff veterinarians and I assume full responsibility for the treatment expenses involved. A reasonable attempt will be made to contact me prior to providing treatment, however, in the event I or my emergency contact person cannot be reached, treatment will be provided.
3. If I neglect to contact the clinic or pick up the above noted cat(s) within 5 days after scheduled pick-up, and having received from the clinic written notice of failure to pick-up, you may assume the cat is abandoned. Abandonment does not release me of my obligation for payment of services rendered.
4. Should my cat(s) be found to have a flea infestation while here, Allentown Cat Clinic, PC will treat with an appropriate flea product at my expense.

Signature of Owner or Agent for Owner _____

Emergency Contact and Phone Number _____

Signature of Staff Member _____