

Allentown Cat Clinic, PC., 4090 W. Tilghman Street, Allentown, PA 18104

### Boarding Agreement

Client Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Breed: \_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_\_\_

Telephone: \_\_\_\_\_

Color: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Dates of boarding: \_\_\_\_\_

Dates of last vaccinations: \_\_\_\_\_

(For office use only)

Personal items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Needs:      **Brand**                      **Flavor**                      **Amount**                      **Frequency**  
**Canned** \_\_\_\_\_

**Dry** \_\_\_\_\_

Have you applied any flea medications within the last month? \_\_\_\_\_yes\_\_\_\_\_product? date?\_\_\_\_\_No

Are any medicines necessary while boarding?    \_\_\_\_\_yes                  \_\_\_\_\_no

If yes, medications must be in the original veterinary labeled container with instructions for administration.

Give names of any medications, the dosage to be given and the last time they were administered:

<b>MEDICATION NAME</b>	<b>DOSAGE</b>	<b>LAST TIME GIVEN</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIREMENTS FOR BOARDING**

1. All cats boarding with us **MUST** be up to date on their vaccinations. If vaccines were given elsewhere, 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 prior two years and is currently due, we will vaccinate during the cats stay. There is an examination fee charged along with the vaccine fees. Boarding is charged by the night, no matter what time your cat is admitted. **For cats that are not currently our patients, we will require the owner to pay the total of days boarding, upfront, with cash or a credit card only.**

2. It is understood that your cat will be fed and properly housed in sanitary and safe conditions. If requests for special services are made, we will consider them and additional fees would then apply. Reasonable precautions will be used to prevent injury, escape or death of this cat. This clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. Personal items may be left at your own risk. We are not responsible for loss or damage.

3. All cats must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense. We will comb your cat for fleas at the time of admission.

**FLEA COMB RESULTS/TREATMENT:** \_\_\_\_\_ (Staff Use Only)

4. You understand that any problem that develops with your cat will be treated as deemed necessary by the Doctors and staff of Allentown Cat Clinic, P.C. **(IN EMERGENCY SITUATIONS, YOUR CAT WILL BE TRANSFERRED TO EASTERN PA VETERINARY MEDICAL CENTER)** and you assume all responsibility for the treatment expenses involved. A reasonable attempt will be made to contact you prior to providing treatment, however, in the event you or your emergency contact cannot be reached, treatment will be provided. **YOU FURTHER UNDERSTAND THAT STAFF IS NOT PRESENT DURING NON-OFFICE HOURS.**

5. If your cat is transferred to Eastern PA Veterinary Medical Center due to an emergency, you \_\_\_\_\_ AGREE or \_\_\_\_\_ DO NOT AGREE (**INITIAL ONE**) to authorize said facility to perform life saving surgery.

6. If you neglect to contact Allentown Cat Clinic, P.C. or pick up the above noted cat within 5 days after the scheduled pick-up date, and having received a written notice of failure to pick up, we will assume the cat is abandoned and handled

**I have read the boarding agreement and understand the clinic's policies.**

Signed: \_\_\_\_\_ Staff Member's Initials: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Designated Representative & Phone: \_\_\_\_\_

**If emergency contact cannot be reached, designated representative will be contacted for medical decisions**

**\*\*ALLENTOWN CAT CLINIC HAS PERMISSION TO POST MY CAT ON SOCIAL MEDIA \_\_\_\_\_ (Initials)**