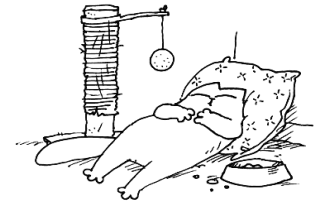# Nashville Cat Clinic
Boarding Admission Form

Cat's Name:_____   Owner/Agent: _____

Check In Date_____   Check Out Date _____

Responsible Party (If different) _____Contact Information _____

Boarders must have proof of Rabies, FVRCP, and VS Calici vaccinations within the last 12 months. If proof of vaccination is not provided, these vaccinations will be given. In order to keep our hospital a flea free zone we will administer Capstar to every boarder upon check in. If fleas or ticks are seen, an application of Advantage or Frontline will be applied to <animal>. These charges will be added to your invoice.

What came with your cat? Please check all that apply and describe.

- ☐ Carrier _____
- ☐ Blanket/Towel/Bed _____
- ☐ Toys/Collar _____
- ☐ Food/Dishes _____
- ☐ Medications-Refrigerated _____
- ☐ Medications-Non-Refrigerated _____

Medication Instructions _____
Has you cat had medication today? _____ If so, please name _____
My cat normally eats _____
We normally feed boarders twice a day. Please list any special instructions for your cat's feeding schedule, including amounts for each diets fed. _____

If your cat were to become ill while boarding, we will make every effort to contact you. In some cases the need for treatment is of such urgency that we must begin treatment before making contact with you. Please fill in an amount and sign below to assist our decision making, should such a situation arise.

Emergency Treatment Authorization

I authorize the veterinarians of Nashville Cat Clinic to treat my cat should he/she become ill while boarding. I agree to allow emergency treatment for my cat to a maximum allowable amount of $_____ without my authorization.

Signature: _____   Date:_____

Additional services are available while boarding. Please initial if you would like:

- ☐ Dental Cleaning (separate consent form needed)
- ☐ Annual Exam/Vaccinations
- ☐ Nail Trim
- ☐ Geriatric Blood Work
- ☐ Microchip Placement
- ☐ Other _____