

# ANIMAL MEDICAL CENTER

## Feline Guest

Check in: \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure \_\_\_\_/\_\_\_\_/\_\_\_\_

**FELINE GUEST CHECK OUT IS AFTER 9:00 AM ON WEEKDAYS AND ON SATURDAYS UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE**

### Vaccinations Fleas and Parasites (worms)

For the protection of all our guests and the employees of the hospital, all boarders must be current on their vaccinations. All patients will be checked for worms and fleas at no cost to the owner, however if your pet has worms or fleas they **will be treated** at regular office prices to protect the other guests.

### REQUIRED VACCINATIONS:

FVRCP \_\_\_\_\_

RABIES \_\_\_\_\_

**DAILY MEDICATIONS:** Guests requiring daily medication will be treated by the technicians and doctors. Medicating boarders is charged at a rate of \$7.99 per day for each weekday.

*Guests requiring medications after hours on weekends, or holidays will be charged \$21.89 per day.*

### MEDICATIONS ADMINISTERED:

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

**MEDICATIONS GIVEN TODAY:** \_\_\_\_\_

### PLEASE CHECK MY PET FOR:

\_\_\_\_\_

### FEEDING SCHEDULE:

\_\_\_\_\_

\_\_\_\_\_

**FEEDING DONE AT TIME OF DROP OFF:** \_\_\_\_\_

\_\_\_\_\_

**PLAY TIME OPTION:** Extra individualized care is offered to all our guests. This extra play-time includes daily brushing and petting for cats that prefer that type attention or playing with toys. The extra care is offered for at least 20 minutes each day *except check out day* for \$7.99 a day. **If a cellphone number is provided, picture texts updates can be sent at least once daily.**

YES \_\_\_\_\_ NO \_\_\_\_\_

**CELLPHONE NUMBER:** \_\_\_\_\_

**PHOTO PERMISSION:** I grant to Animal Medical Center, its representatives and employees the right to take photographs of my pet(s). I authorize Animal Medical Center, its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Animal Medical Center may use such photographs of my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

YES \_\_\_\_\_ NO \_\_\_\_\_

**AUTORIZATION FOR EMERGENCY CARE:** Should an emergency arise with my cat, I authorize the doctors and staff of the Animal Medical and Laser Surgical Center to perform such emergency procedures as may be necessary for the health of my pet. I agree to pay in full the costs of any emergency care needed by my pet.

I have read these conditions for the care of my cat. I realize that it is my responsibility to notify the Animal Medical and Laser Surgical Center of any change in the departure date.

OWNER/AGENT \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_