

Boarding Consent Form

• **Cat's Name:** _____

Client Name: _____

• **Check-in** _____

Check-out _____

Suite (1- 2 cats) Condo (1 cat) Studio (1 cat) Family Room (1-5 cats) Diabetic

Have you changed residencies/contact information since we last saw your cat? Y / N

• Owner's contact name: _____ number _____

• Emergency contact name: _____ number _____

• **Medication**

If your cat is on medications please fill out the additional form, this includes for fluids.

• **Flea Treatment:** Is your cat on a monthly flea preventative? **Yes** **No**

If yes, date given & brand _____

Cats that are not on a monthly flea preventative will have a dose of Revolution administered.

(\$22.50) _____

DIET

- Fancy Feast
- CCJC Trail Mix dry food
- Brought Food from home
- Please pull what my cat needs while boarding and charge my account

AM FEEDING : _____ PM FEEDING: _____

Are you picking up the patient? _____ If not who? _____

Estimated Pick Up time: _____

IN CASE OF A LIFE THREATENING EMERGENCY

*In the event of a **life threatening emergency** while your pet is in our care, please let us know the level of treatment you would like provided for your cat. Please look through the following options below and select your preference.

- Level 0:** DNR – DO NOT RESUSCITATE!
- Level 1:** No medications or treatments without contacting me first
- Level 2:** Please examine, treat, and prescribe in any manner deemed necessary by the attending veterinarian and resolve the issue as quickly as possible. We will contact you once stable.



Did you bring toys/bedding from home? Please list and be specific (Quantity, color, brand etc)

I give permission to CCJC to use my cat(s) photo(s) on Facebook after they have gone home from boarding. Please circle one: Yes No

The Cat Clinic will use every precaution against injury, escape or the death of your cat, however, will not be held liable in any manner. Should your cat(s) be left at the Cat Clinic ten(10) days past the time you have specified for pick-up, you, or your agent, will be notified in accordance with Kansas State law, Statute 47.835, by certified or registered mail, return receipt requested, at your last known address. Ten(10) days after this written notice, your cat(s) will be considered "abandoned". Such abandonment shall constitute the relinquishment of all rights and claims by the owner or owner's agent to such animal. ***Abandoned cats may be dealt with as seen fit by the Cat Clinic of Johnson County, as sole custodian of such animals, in accordance with Section A of Kansas Statute 47.835.***

By my signature below, I certify that I am the owner, or legal agent of the owner, and am of sufficient age and capacity to authorize care and treatment of the above named cat(s). I also certify that the address and phone number on the Cat Clinic's record is current and complete and is the appropriate address/phone for the clinic to contact me regarding any issues involving the above cat.

I give my consent for boarding and/or treatment by the Cat Clinic of Johnson County and accept responsibility for payment of the charges incurred for care and treatment of specified cat upon completion of service. I have read and understand the above information.

Signature

Date