

Tech Initials_____

CSR Initials_____

Memorial Cat Hospital Boarding drop off FORM

Date dropping off: _____ Date Picking up: _____ AM _____ PM _____

Owner Name: _____ Pet Name: _____

PHONE NUMBER: _____

PLEASE HELP US CARE FOR YOUR CAT BY ANSWERING THE QUESTIONS BELOW:

VACCINATIONS AND FLEA PREVENTION

(Vaccinations are required by our facility and can only be waived with a doctor's approval)

- ❖ Is it ok to do an Exam, Vaccinations, and labwork while boarding, if due? _____
(please fill out back of page if exam is being done)
- ❖ What type of flea prevention do you use? _____
- ❖ When was it last given? _____

FEEDING

- ❖ Did you bring food? YES/NO What type? (brand, wet/dry) _____
- ❖ Do you have special feeding instructions? _____
- _____
- ❖ If we are using house canned food, what type and flavor preferred? _____
- ❖ Any food allergies? _____

PERSONAL BELONGINGS (Due to limited space, it may be necessary for you to take the carrier home.)

- ❖ Describe any toys or personal items you are leaving with us. They will be labeled appropriately.

Please do not bring personal items of monetary or sentimental value. We cannot be responsible for loss or damage to these items.

MEDICATION Is your cat taking medication? YES/NO

List Meds:

Dose:

Last given:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ❖ Do you need any medications refilled? _____
- ❖ Do you have any concerns about your cat today? _____

Nail Trim (circle one)

Yes No