



## Civic Feline Boarding

Pet Name:		Arrival:		Departure:	
Age:	Sex:	Breed:		Standard/Deluxe (circle one)	
Owner Name:				Phone Number:	

Feeding Information	Additional Services
Name of Food:	Ear Cleaning (\$30.30) <input type="checkbox"/>
How much?	Flea Treatment (varies) <input type="checkbox"/>
Frequency?	Nail Trim (\$19.00) <input type="checkbox"/>
	Microchip (\$70.45) <input type="checkbox"/>
	Other (please list):

Medication Information	
Medication (name/dose/frequency/time given)	Last Given

**Emergency Contacts**

I understand that any health issues my pet experiences will be treated as deemed best by the veterinarians of Civic Feline Clinic, and I assume full responsibility for any expenses involved. Further, I understand that the presence of and exposure to air-borne upper respiratory viruses may exist.

Please note that, for the comfort and well-being of all patients, if we find parasites such as fleas or ticks on your cat during boarding we will treat at the owner's expense without calling first for authorization.

In the event that my cat becomes ill and I, or those individuals designated to authorize care, cannot be reached at the telephone numbers I have provided, I authorize the doctors of Civic Feline Clinic to treat my pet in the amount of:

Up to \$200       Up to \$500       Any amount deemed medically necessary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BOARDING SHEET**