



Owner's Name _____

Cat's Name _____ Date of Pick-up _____ Approximate Time of Pick-up: _____ AM
PM

Emergency Contact Phone Number: (_____) _____

Pet's Diet at Home: _____ Dry Wet Mixed
 Prescription Diet (\$1.50 per day) Owner brought AM

Amount per serving: _____ How Often: _____ Last time your cat was fed _____: _____ PM

Standard Services Provided:

- Veterinarian Supervision
- Licensed Veterinary Technician Monitored
- Administering Vitamins, Supplements and Treats
- Feeding Science Diet twice daily
- Clean and Friendly Environment

Daily Boarding Rates:

Individual Condo \$13.50
Individual Duplex \$18.00

TLC Package:



- One Trip Daily to the Cat Playroom
- Administering Oral/Topical Medications
- Feeding Hills Prescription Diet Twice Daily
- One Toy for their stay

Add TLC \$6.50 per day # _____

Senior Care Package:



- Two Trips Daily to the Cat Playroom
- Administering Oral/Topical Medications
- Feeding Hill's Senior or Prescription Diet Twice Daily
- One Catnip Toy for their stay

Add Senior \$8.50 per day # _____

Additional Entertainment Services:

Add a trip to the Cat Playroom \$3.50 per time # _____ (max of 2) per day Add # _____ Catnip Toy(s) \$3.25 each

Grooming Services:

Add a Nail Trim \$11.75

Medical Services:

Add an Ear Cleaning with Technician Exam \$24.00

If infected, OK for doctor to examine and treat?
(appropriate fees will be charged) Yes No

Administering Medications \$3.00 per day

(All medications must be in original container for us to administer.)

Add a request to Express Anal Glands \$25.44

If infected, OK for doctor to examine and treat?
(appropriate fees will be charged) Yes No

Administering Insulin \$6.25 per injection

(Owner must bring own insulin and syringes)

**MEDICATION, VITAMIN AND SUPPLEMENT INFORMATION WILL BE REVIEWED AT CHECK-IN, AND ENTERED INTO OUR MEDICAL DOCUMENT.
PLEASE ALLOW US 10 MINUTES TO REVIEW THE INSTRUCTIONS WITH YOU FOR THE ACCURACY OF OUR RECORDS.**

I would like to have the doctor examine/evaluate the following medical problem(s). (appropriate fees will be charged)

Authorization of Treatment:

Yes _____ No _____ (initials) I authorize Cascade Hospital for Animals to treat any unexpected **non life-threatening** medical problems such as lameness, skin infections and ear infections up to a maximum of \$ _____.

Yes _____ No _____ (initials) In the event of a **life-threatening emergency** I authorize Cascade Hospital for Animals to treat my pet up to a maximum of \$ _____, and then contact me at the emergency number listed above.

_____ (initials) If I cannot be reached by phone (circle one) **I DO** (or) **I DO NOT** authorize emergency treatment.

Owner's Signature _____

Date _____

For office use only:

VA Initials _____

Medication Form attached

Revised 06/02/2010



General Release of Liability and Client Agreement for Feline Boarding

Policies and Conditions for Admission of Boarding

- Cascade Hospital for Animals agrees to keep the premises sanitary and properly enclosed. All cats are handled and cared for by Cascade Hospital for Animals staff without liability on Cascade Hospital for Animals' part for loss or injury from disease, theft, fire, death, injury, or harm to persons, other pets, or property by said cat, or from other unavoidable causes. Cascade Hospital for Animals reserves the right to refuse any cat.
- The Owner is responsible for providing a vaccination record that their cat is current on vaccinations, including but not limited to, Rabies, Distemper, Feline Leukemia. The Owner affirms the cat is free from parasites as evidenced by a negative fecal test within the past 6 months.
- The Owner understands that any pet that is experiencing a change in routine, diet and environment may experience some discomfort from the stress in the form of vomiting or diarrhea. Cascade Hospital for Animals will have a doctor assess the symptoms and may prescribe medications to make a more enjoyable stay for your pet. Although the owner will not incur a physical exam charge, they will be responsible for the cost of the medications.
- The Owner acknowledges that if they pick up their pet after 3:00 PM, they will be charged an extended stay fee of \$5.00 to cover the cost associated with a late pick-up.
- The Owner further agrees that their cat may be used in any and all media and in the promotion, advertising, sale, publicizing, and exploitation of Cascade Hospital for Animals.



This waiver is valid through December 1st, 2010. A new waiver will be required after that date.

Owner's Signature

Date

Thank you for choosing Cascade Hospital for Animals for all of your pet's needs.