

Boarding & Breakfast Confirmation and Menu

The Cat Clinic of Stillwater

Owner's Name _____ Cat's Name _____

Contact # _____ Sex _____ Breed _____

Welcome to The Cat Clinic of Stillwater! Please confirm boarding dates for your cat(s) and cage type by initialing below. For security reasons, there will be NO AFTER HOURS DISCHARGES. Our office hours are: M-F 7:30-6:00, Sat 8:00-Noon, closed on Sunday and major holidays. Thank you for letting us take care of your feline companion.

Arrive _____ Depart _____ Single _____ Suite _____

Medication Administration Needed: Yes No (if yes, complete reverse side)

Estimated Cost for Boarding: \$ _____

There will be an additional charge for medication administration, vaccinations, grooming, or any treatment that is requested. We are happy to provide an estimate for these additional charges. For your cat's safety, all boarding cats must be free of fleas, ticks, intestinal parasites, and also be currently immunized for FVRCP.

Treat for Fleas Treat for Intestinal Parasites Vaccinate if Pet is Due

If your cat shows any signs of illness, he/she will be examined by the doctor and emergency care will be provided. The clinic will contact you at your emergency contact number.

I agree with all of the above. Initials _____

To make your cat's stay while boarding as pleasant as possible, we provide a variety of premium cat foods. Please help us select the foods best suited for your cat's taste as well as medical condition. Below is a list of foods available. Please check the item(s) you would like for us to feed your cat. Note: Please specify whether your pet prefers canned or dry diets. There will be an additional \$1.25/day for Gourmet and Medical Boarder Diets unless they are provided by the owner.

<i>Cat Clinic Special Hill's Science Diet</i>	<i>Medical Boarder Diets</i>	<i>Gourmet</i>
<p style="text-align: center;">Hill's Dry Maintenance</p> <p>Kitten <input type="checkbox"/> Adult <input type="checkbox"/> Light <input type="checkbox"/> Senior <input type="checkbox"/> Hairball Adult <input type="checkbox"/></p> <p style="text-align: center;">Hill's Canned Maintenance</p> <p>Kitten Liver & Chicken <input type="checkbox"/> Adult Liver & Chicken <input type="checkbox"/> Adult Seafood <input type="checkbox"/> Senior Beef <input type="checkbox"/></p>	<p>IVD Select Care Modified <input type="checkbox"/> IVD Green Pea & Venison <input type="checkbox"/> IVD Green Pea & Rabbit <input type="checkbox"/> Purina OM <input type="checkbox"/> Purina DM <input type="checkbox"/></p> <p style="text-align: center;">Hills Prescription Diets</p> <p>A/D <input type="checkbox"/> C/D <input type="checkbox"/> D/D <input type="checkbox"/> I/D <input type="checkbox"/> K/D <input type="checkbox"/> R/D <input type="checkbox"/> S/D <input type="checkbox"/> T/D <input type="checkbox"/> W/D <input type="checkbox"/> X/D <input type="checkbox"/> Z/D <input type="checkbox"/></p>	<p>If you would like your kitty to have special treats in addition to the "Cat Clinic Special" or "Medical Boarder" Diets, please specify below.</p> <p style="text-align: center;">Canned Tuna <input type="checkbox"/> Baby Food <input type="checkbox"/></p>

Owner Brought Food (if so, complete reverse side)

Please complete both sides of form.

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Medication Needed

Please complete a Medication Block for each individual medication, vitamin, supplement or fluid therapy your pet may need while boarding.

Medication _____
Schedule _____
Last Given _____
Owner's Initials _____

Medication _____
Schedule _____
Last Given _____
Owner's Initials _____

Medication _____
Schedule _____
Last Given _____
Owner's Initials _____

Medication _____
Schedule _____
Last Given _____
Owner's Initials _____

Medication _____
Schedule _____
Last Given _____
Owner's Initials _____

Medication _____
Schedule _____
Last Given _____
Owner's Initials _____

Owner Brought Food

Name of Food _____
Schedule/Amount _____
Last Given _____
Owner's Initials _____

Name of Food _____
Schedule/Amount _____
Last Given _____
Owner's Initials _____

Additional Information:

