

# **THE CAT DOCTORS**

## Boarding Service Agreement and Authorization

Client: \_\_\_\_\_ Boarder: \_\_\_\_\_

Boarding duration: Check-in date: \_\_\_\_\_ Check-out date: \_\_\_\_\_

### AUTHORIZATION FOR TREATMENT

In the case of illness, I authorize the necessary medical and/or surgical treatment, for the health of my cat. I also give my consent to vaccinate my cat, if necessary, and/or apply flea medication, if fleas are found on my cat. I authorize my cat to be anesthetized/sedated, if necessary, to perform the above procedure(s).

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nightly boarding fee: \_\_\_\_\_ # of nights: \_\_\_\_\_ @ \$ \_\_\_\_\_

Daily medication administration fee, if necessary: ( ) QD ( ) BID ( ) TID \$ \_\_\_\_\_

Belongings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Perform the services indicated on treatment plan: YES: \_\_\_\_\_ Appt date: \_\_\_\_\_

Other services not on a treatment plan: YES: \_\_\_\_\_

Perform: \_\_\_\_\_

Diet/Dosage: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Please use: ( ) own food ( ) hospital food-Nature's Best (Rx diet extra fee)

Medications: 1) \_\_\_\_\_ Last dose given: \_\_\_\_\_

2) \_\_\_\_\_ Last dose given: \_\_\_\_\_

3) \_\_\_\_\_ Last Dose given: \_\_\_\_\_

4) \_\_\_\_\_ Last Dose given: \_\_\_\_\_

Please use: ( ) own medication ( ) hospital medication (Rx extra fee)

Patient considerations/Client requests: \_\_\_\_\_  
\_\_\_\_\_