

BOARDING ON MEDICATION

ADMISSION FORM

HOSPITAL USE

CAT NAME _____ AGE _____ SEX _____
 ARRIVAL DATE _____ PICK UP DATE _____ AM/PM _____
 CLIENT NAME _____

Known Medical History: _____

Diet: I have brought all of my cat's food with me YES NO
 Current Brand of Food _____
 Amount Fed _____ Frequency _____
 Special Directions: _____

Medications: I have brought ALL of my cat's medications YES NO
Drug Name Strength Dose Directions Last given Time
 1 _____
 2 _____
 3 _____
 4 _____
 Special Directions: _____

Insulin: I have brought my cat's Insulin with me YES NO
 Type of Insulin _____
Amount given Frequency Last injection Date and Time

Flea Control:
 Name of product _____ Date of last application _____

OTHER CONCERNS/REQUESTS: _____

SERVICES REQUESTED FOR ADDITIONAL FEE:

Bath _____ Exam _____ Other _____
 Nail Trim _____ Vaccines _____

Should an emergency arise, I authorize the medical staff to perform any emergency procedures that may be necessary for the health of my pet. I will be notified as soon as possible and I will agree to pay in full for all charges incurred.

Cheshire Cat is authorized to treat up to \$_____ without my prior approval. The clinic is to use all reasonable precaution against injury or escape. The clinic and staff will not be held liable for any problems that develop provided that reasonable care and precautions are followed. If I neglect to pick up my pet within 5 days of the scheduled discharge date and do not notify you within this period of time, you may assume that this is an abandoned animal.

Emergency Contact Person: _____

Emergency phone _____

SIGNED _____ **DATE** _____

HOSPITAL USE:

Last Exam: _____ Vaccines: _____ Fecal: _____

Blood: _____ Urine: _____

OTHER: _____