

Trumbull Animal Hospital Feline Boarding Admission Form

Patient Name: _____

Client Name: _____ Phone _____

Emergency Contact : _____ Phone _____

Admission Date: _____ Discharge date: _____

In order to board at our facility, your pet must have a **negative fecal within the last 6 months. Rabies and feline distemper vaccines must be up to date.** If your pet does not have a current fecal, one will be obtained while boarding and sent to the lab at a cost of **\$38.00**. Any overdue vaccines will be updated at your cost.

Boarding Feline \$25.00 per night

Diabetic Boarding \$37.00 per night

***Cats requiring medications while boarding will be charged and additional \$3.00 for once daily medications or an additional \$6.00 for twice daily medications**

Hours for intake are Monday-Thurs 8:30am-6:30pm, Friday 8:30am-4:30pm, and Saturday 8:30am-12:30am

Pick up hours are 9:00am to 6:30p Monday-Thurs , 9:00am to 4:30pm Friday, and 9:00am to 12:30pm SAT

We supply Science Diet dry and canned food to our boarders; however, it is best to avoid diet changes that can lead to gastrointestinal upset, so you may provide your own food for your pet. Prescription diets must be supplied or purchased thru the hospital.

Please list any supplied food or treats with feeding instructions: _____

We supply warm bedding, clean food & water dishes, cat litter & litter pans. Please list any personal belongings you are leaving with you pet. We can not be responsible for any damage to items left with you pet. All property should be clearly marked with your name.

Bedding: _____

Bowls: _____ Carrier: _____

Toys: _____

Please indicate any medications or special treatments your pet will require while boarding. **There will be an additional charge per day associated with giving any medications or supplements. All medications must remain in their original bottle with the pet's name and dispensing instructions. Weekly pill dispensers are not permitted.**

In case of emergency, the staff of Trumbull Animal Hospital will make reasonable attempt to contact you or your designated representative. In the event that you cannot be reached, you hereby give permission to the doctors & staff of Trumbull Animal Hospital to perform treatments as deemed necessary. You will be responsible for any emergency charges at the time of discharge.

Signature: _____ Date: _____ -