

Cat Hospital of Vero Beach - Boarding Agreement

Client Name:	Cat's Name(s):	
Contact Phone:	Alt Phone:	
Agent/Emergency Contact Name:		Agent Phone(s):
Check In Date:	Check Out Date:	Pick Up Time:

Please ensure that your designated agent is aware that you have given us his/her name, and is willing and able to make decisions regarding the care and well-being of your cat.

Any cat not claimed within ten (10) days of pick-up date, without new provisions being made, will be considered abandoned, becomes the property of CHVB and handled according to our best judgment.

All cats admitted must be current on their physical examination by the Doctor of the CAT HOSPITAL OF VERO BEACH and their vaccinations for FVRCP (Distemper/Upper Respiratory) and Rabies, as well as a FeLV/FIV Test. If your cat is past due, your cat will be examined and given the necessary vaccinations or tests upon admission, and current charges will apply. **CATS MUST BE FREE OF EXTERNAL PARASITES**, and those found to have evidence of parasites will be treated at the owner's expense. If your cat has special dietary needs or preferences you must provide the food or it may be provided at current charges.

Initials: _____

Your must bring all medications in their original containers. If medications are not provided, you will be charged at the current rates.

Please list any/all medications below, their dosages, and instructions

Medication Name	Dosage Amount (1 tab, 1ml, etc.)	Dosage Instructions/Frequency	Time Last Given

Special Instructions (please initial each line that applies)

Unless otherwise instructed your cat will receive Hills Science Diet Adult Maintenance. If your cat has other dietary needs, please provide the food or allow us to provide it at current charges.

_____ I have special dietary instructions for my cat. Please specify: _____

_____ I am leaving personal belongings with my cat. Please list: _____

Additional Boarding Services

- **Administration of oral or transdermal medications** is provided at \$5.50 per day for up to two medication administrations twice a day with owner provided medications. For additional medication, or medications administered more frequently, the charge is \$7.00 per day.
- **Administration of injectable medications** provided by the client is performed at \$8.00 for one injection per day. For multiple injections or injections administered more than once daily, the charge is \$6.00 per injection per day.
- **Complete Care for Diabetic Cats** is provided to those cats who are diabetic and require insulin injections and/or special monitoring at a daily additional charge of \$12.10. Up to two insulin injections per day are included; owner must provide insulin and syringes.

The undersigned hereby warrants that they are the owner or authorized agent for the cat listed in this record and does consent and authorize Cat Hospital of Vero Beach to care for and treat said cat. If an emergency situation arises, I authorize services, including the use of anesthesia if necessary, to treat my cat until such time as I can be contacted. I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or unanticipated situation arises with my cat. If I am unable to be reached, I authorize the veterinarian to proceed with treatment as deemed necessary for the well being of my cat. I understand I will be responsible for all charges incurred at checkout.

If I have requested that medical, surgical, dental, or other services be performed for my cat while it is boarding, I consent to and authorize the Cat Hospital of Vero Beach to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my cat's health and well-being. I understand that with any procedure or treatment there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my cat's safety and well-being while in CHVB's care, and I agree to pay in full for all services provided at the time of discharge. I understand that if an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact me using the contact information provided above. I understand that if I cannot be contacted, non-emergency procedures or services will not be performed, and this may mean that my cat may need to have another procedure at a future date at my expense.

Authorized Signature: _____ **Date:** _____