



Boarding Admission Form

Date of Admission: _____	Pick up date: _____	AM or PM
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Owner's Name: _____	
In Case of Emergency Notify: _____	Phone #: _____
Alternate: _____	Phone #: _____

Cat's Name: _____
Flea Product used/Date of last application (required info): _____
Feeding Instructions: _____ <i>(Name of food, how much, how often – use back of page if needed)</i>
Medication(s): _____ <i>(Names of meds, dose, frequency, time of day given – use back of page if needed)</i>
Articles left: _____

<ul style="list-style-type: none">• I have read, understand, and will adhere to the boarding policies of The Cat Doctor of Dover.• I have been given the daily rates and fees for boarding at The Cat Doctor of Dover.• In the event of an emergency or development of illness and I cannot be reached, I agree to emergency and medical treatment deemed necessary for my cat.• I agree to pay all related expenses associated with the treatment of my cat until I am available to discuss further care and related fees with the doctor.	
_____	_____
Signature of Owner or Authorized Agent	Date