

Welcome to the Pet Resort at  
The Pet Vet On Patton



**FELINE BOARD INFORMATION SHEET**

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Name of Owner/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate Contact & Phone #(in case of emergency): \_\_\_\_\_

CHECK IN DATE: \_\_\_\_\_

CHECK OUT DATE: \_\_\_\_\_

How often does your pet eat? 1x 2x How many cups? AM: \_\_\_\_\_ PM: \_\_\_\_\_

Treat instructions: \_\_\_\_\_

Does your pet have any food allergies? \_\_\_\_\_

Other allergies? \_\_\_\_\_

Did you bring any of your pet's belongings? \_\_\_\_\_

If yes please list: \_\_\_\_\_

Is your pet on medication? \_\_\_\_\_

If yes, please list medication name and instructions: \_\_\_\_\_

Do you have any special instructions or is there anything we should know about your pet? \_\_\_\_\_

Is your pet spayed/neutered? \_\_\_\_\_

**\*\*PLEASE BE AWARE THAT WE MONITOR THE APPETITE AND WEIGHT MANAGEMENT OF EVERY CAT BOARDING AT THE PET VET. IF ONE OF OUR BOARDING CATS DOES NOT EAT AN ADEQUATE AMOUNT OF FOOD WHILE HERE (AS DETERMINED BY THE DOCTOR), AN ALTERNATE FOOD MAY BE OFFERED (~\$2.50 PER CAN), OR AN APPETITE STIMULANT MAY BE ADMINISTERED (~\$8 PER DOSE), AT THE OWNER'S EXPENSE. IF APPETITE FAILS TO INCREASE AT THIS POINT THE DOCTOR WILL DETERMINE FURTHER COURSE OF TREATMENT AND AN ATTEMPT WILL BE MADE TO CONTACT THE OWNER. PLEASE SEE BELOW REGARDING EMERGENT CASES.\*\*** *Owner Initials* \_\_\_\_\_

Would you like us to provide emergency care if required? \_\_\_\_\_

\*The Doctor determines what is considered an emergency. If there is a health concern with your pet, we will try to contact you first but if no return contact is made after a reasonable time, the doctor will proceed with necessary treatment at the owner's expense.\*

Owner or Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR EMPLOYEE USE ONLY</b>	<b>Fleas?   Y   N</b>
FLEA PREVENTION: _____ DATE: _____	<b>Employee Initials</b> _____
WEIGHT: _____	