

Green Country Veterinary Hospital

Feline Boarding Form

All of our feline patients are boarding in their own boarding facility away from the canines

Owner: _____ **Pet:** _____ **Date:** _____

Does your pet need to be seen by the doctor while staying with us?

Is yes, please indicate reason(s)

Is your pet aggressive towards people or other animals? *Yes or No*

If yes, please indicate

We feed Science Diet Sensitive Stomach while they are here unless you bring your own food. If they are on a special diet and you did not bring the food with you, we can simply add a bag to your boarding fee.

What food is your pet eating?

Is your pet on any medications? *Yes or No*

If yes please indicate what medications and the frequency they are given

Do you have any concerns you need addressed?

Your feline's special boarding facility is equipped with a Feliway calming pheromone diffuser. To add to your pets comfort we can wipe their cage down with an additional pheromone wipe for \$1 dollar per use.

yes I would like my pet to have his/her cage treated daily with the pheromone wipes

No, I would not want my pets cage to have this additional treatment.

One of the advantages of boarding your pet at a Veterinary Hospital is that veterinary attention is readily available should the need arise. If the need arise, we will call the emergency number listed below. If no one can be reached, please indicate your wishes below should your pet require medical treatment.

Please choose one of the following.

_____ *Please perform whatever services the Doctor deems necessary for the best possible care of my pet.*

_____ *I authorize up to \$100.00____, \$250.00____, Other \$_____ in medical care until someone can be reached.*

_____ *Do not administer any medical treatment until specific authorization is given.*

Signature _____

Contact Number _____

GCVH will send you photos of your pet while you are away, we also will post some of those to our social media sites. If you would not want this service please let us know so we can note it in your account.

****I authorize GCVH to administer the following vaccinations/lab work while _____ is at the facility boarding:**

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Signature