



Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

**Cat Condos** 24\$/night: \_\_\_\_\_

**Feline Suites** 40\$/night: \_\_\_\_\_

**Sharing a Space?** \_\_\_\_\_

**I consent to my cats sharing a space** \_\_\_\_\_ (initials)

**\*\* Due to the changes from your pet's normal environment, when boarding multiple pets together, uncharacteristic behavior and/or food aggression may occur. In the event this happens, your pets will be separated into different accommodations and then charged accordingly. \*\***

**I understand that Sunday pick-up includes boarding fees for Sunday.** \_\_\_\_\_ (Initials)

### **Prescription Medications**

A **\$7.00/day** administration fee will be added if medications are needed during your pet's stay.

Medication: \_\_\_\_\_ Tablet/Capsule/suspension given \_\_\_\_\_ time per day.

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## Boarding Requirements

All feline companions **MUST** be current on vaccines (**Rabies, FVRCP, Feline Leukemia**) and have a **negative fecal** within the past year.

If your pet needs vaccinations or a fecal updated, the team at Richter Animal Hospital will updated these services accordingly.

**If your pet should require any unforeseen medical care,** and the team at Richter Animal Hospital is unable to reach me, I authorize (initial one option below);

\_\_\_\_\_ Perform all services the veterinarian deems necessary.

\_\_\_\_\_ I authorize care/treatment up to: \$\_\_\_\_\_.

\_\_\_\_\_ Please do NOT provide any care without my approval.

\*\*\* We will **always** make every effort to contact you in the event that any medical attention is needed for your pet.\*\*\*

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact number:** (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**\*\* All pets entering the hospital with fleas, ticks, and/or intestinal parasites will be treated and the appropriate fees will be applied to the total invoice. \*\***

I have read, fully understand, and agree with the contents of this boarding agreement.

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**Signature of Owner/Responsible Party**

**Date**