



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.

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.

Signature of Owner/Responsible Party

Date