

For Cats Only Veterinary Clinic, LLC
Boarding Agreement

Client Name _____

Cat's Name _____

Boarding Period _____

Other procedures to be performed during the stay: _____

Medications to be given during stay: _____

Diet to be fed during stay: _____

Special instructions: _____

Date of last vaccinations: _____

****If vaccinations are not current, they will be updated during this visit.**

During my cat's stay, he/she will be fed and properly housed in sanitary and safe conditions. Reasonable precautions will be used to prevent injury, escape or death of this cat. I hereby release this clinic and staff from any and all liability related to the boarding of my cat provided reasonable care and precautions are followed.

I understand and agree that any medical or emergency treatment deemed necessary by Dr. Renee L. Ziegler-Post during my cat's stay will be provided. I agree to assume full responsibility for payment for that treatment. I acknowledge that For Cats Only Veterinary Clinic, LLC will make a reasonable attempt to contact me before providing treatment; however, I agree that in the event I cannot be reached, treatment will be provided.

Should my cat be found to have a flea infestation while here, I agree that For Cats Only Veterinary Clinic, LLC will treat with an appropriate flea product at my expense.

Failure to pick up or contact the clinic regarding pick up of the above noted cat within 5 clinic business days of the scheduled pick up, and having received from the clinic written notice of failure to pick up, constitutes abandonment of this cat. Abandonment does not release me from my obligation to pay for services rendered.

I agree to promptly pay For Cats Only Veterinary Clinic, LLC, at the time services are provided, all boarding fees and other charges related to services provided during this Boarding Period.

Signature of Owner or Agent for Owner _____

Print Name: _____

Emergency Contact and Phone Number for this Boarding Period: _____

