

Ripon Veterinary Hospital
Feline Boarding Authorization Form

We provide the necessary accommodations to ensure your cat is as comfortable & cozy as possible while in our care. Food, bedding, treats & toys are provided. It is our policy not to bring items from home.

Boarding rates are charged per cat, per night, no discounts on cats boarding together.

Arrival and pick-up hours are Monday thru Friday 9am- 5:30pm and Saturday from 8:30am until Noon

Owner's Name: _____

Pet's Name: _____

Date of arrival: _____ Date of pick-up: _____

Emergency contact. If we have questions or concerns about your pet while you are away, who do we call?

Name & Phone Number of Contact: (_____) _____
- _____

Alternate Contact & Phone Number:(_____) _____
- _____

Requested services while my pet is boarding:

() I authorize an examination fee to have my pet examined
for: _____

() Vaccinations are current and verified.

() **Vaccinations needed: FELV FVRCP RABIES**
and are requested to be administered by the DOCTOR or TECHNICIAN.

() Medications to be administered and instructions & when was the last dose given?

Notes: _____

Feeding Instructions:

Feed DRY or CAN Amount to feed: _____ cups/can _____ times a day. Time of day AM / PM.

We do our best to be a Flea-Free Facility; any pet that arrives with fleas will be treated with proper flea treatment and charged to the owner. Current vaccinations are required to board your pet. Proof is required. Our Doctor will administer any vaccinations necessary at the expense of the Owner. I authorize Ripon Veterinary Hospital to treat my cat to the best of their abilities including diagnostic, therapeutic and/or surgical procedure should an unforeseen medical condition arise while in their care. I agree to the above.

Owner Signature: _____

Date: _____