



Cat Hospital of Austin
13264 Pond Springs Road
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www.CatHospitalOfAustin.com

**Austin's Feline Exclusive
Veterinary Hospital**

BOARDING CHECK-IN

Thank you for your patience in taking the time to read and complete this form.

As part of our commitment to give your pets the best veterinary care available, we require the following vaccinations/tests to be performed BEFORE (OR WHEN) your pet is left in our hospital and boarding facility. If your pet was vaccinated elsewhere, we need proof of vaccination, including the veterinarian's signature and license number or location of veterinary facility. Our staff will be happy to call the facility where your pet was vaccinated and request a copy of your pet(s) records at no additional cost. These precautions insure that all preventable diseases, which can be communicated in a boarding/hospital setting, are eliminated.

The following vaccinations and procedures are required for admission to boarding:

Exam (\$52), FVRCP (\$15.50) and Rabies Vaccine (\$21.83).

Flea Policy: We do check closely for fleas because we do not want them transmitted to our other patients or boarders. Treatment for fleas will be at your expense so that we can insure the Cat Hospital of Austin remains flea-free. We want you to have peace of mind knowing your pet is protected against parasites while in our care.

I have read, understood and accept these conditions. If my pet does not meet these conditions, I authorize Cat Hospital of Austin to administer any of the above required services at my cost.

In the event of an emergency, this facility has my permission to administer treatment and any medication deemed necessary, not to exceed \$ _____.

Signature

Emergency Phone Number and Date

BOARDING INFORMATION

Diet

We encourage you to bring your cat's regular diet for the duration of their stay. Otherwise, your cat will be fed a premium food such as Purina Pro Plan Adult.

Special Food _____ How Much _____ How Often _____

Medications

We can administer medications for your cat while in our care. The fee is \$2.31 each time we administer medications.

Medication _____ How Much _____ How Often _____

Medication _____ How Much _____ How Often _____

I request the following elective services to be performed while my pet is boarding:

Toe Nail Trim _____ (\$16.03) Sani-Shave _____ (\$18.31) Other: _____

Cat Hospital Staff Use:

Patient(s) Due for the following:
