

# Vienna Veterinary Clinic FELINE Boarding Authorization Form

Owner's Name \_\_\_\_\_ Owner's Phone Number \_\_\_\_\_

Pet's Name \_\_\_\_\_ Age: \_\_\_\_\_ Please list any of your pet's personal items you are leaving with your pet (toys, blankets, etc.) \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Time: \_\_\_\_\_ Anticipated Pick-up Date \_\_\_\_\_

*(Pet's picked up after 4:30pm will be charged for an additional day of boarding)*

## REQUIREMENTS FOR BOARDING

All cats must have proof of current Rabies and FVRCP vaccinations from a licensed veterinarian in good standing-prior to boarding with us. If I am unable to provide this information, I agree to have the vaccines and/or intestinal parasite prevention administered by a trained member of the Vienna Veterinary Clinic staff and I will incur the expense. I also understand that my pet's immunity will be compromised for two weeks after these vaccines and understand the risks of exposure. \_\_\_\_\_ Initials

**Last Vaccine Dates:**  Rabies \_\_\_\_\_  FVRCP \_\_\_\_\_  FELV+RCPC \_\_\_\_\_

### Please vaccinate at this boarding visit:

**Yes**-(an exam will be required before any vaccines are administered and the fee is \$50. By checking this box I understand that vaccinating lowers my pet's immune system for two weeks post vaccination)

**No**-(my pet is current and I have provided records from a licensed veterinarian in good standing prior to boarding)

**Check any additional procedure(s) ex: toe nail trim, vaccines, etc. your pet needs or you wish to have performed while they are boarding:**

*(Note-additional charges will apply. \* All vaccines have a \$50 exam fee in addition)*

**Rabies (Dog/Cat) \$20-25\***

**FVRCP (Cat) \$20-25\***

**FELV+RCPC(Cat)\$50-55**

**Feline Combo Test (Aids/Leukemia) \$45-55**

**Toe Nail Trim \$12-20**

**Ear Cleaning \$15-20**

## MEDICATIONS

*An additional charge of \$5.00 per day for patients taking medications.  
Insulin injections using owner supplies are an additional \$15.00 per day*

MEDICATION (NAME)	FORM (EX: TAB, CAP, INJECTABLE)	DOSAGE (HOW MUCH IS GIVEN)	HOW OFTEN (WHAT TIME GIVEN)

← List additional medications on another sheet →

**PICK UP TIME ON THE FINAL DAY OF BOARDING IS 8:30AM, 2:00PM OR 4:30PM**

# Current Flea/Parasite Prevention

Current flea control medication is recommended.

**My pet is currently taking medication for the prevention of fleas, ticks and heartworms:**

Yes - Name of Medication: \_\_\_\_\_ Last Date Given: \_\_\_\_\_

No - If my pet is found to have fleas, they will be treated with Capstar (\$15-20) Frontline Gold (Cats \$20-30) at my expense.  Initials

1. **Does your pet have a history of Seizures or any other medical issues we need to be aware of?**  
(if yes, please list)  YES \_\_\_\_\_  NO

2. **Is your litter trained?**  YES\*  NO\*

\*(There will be an additional \$10-15/day non compliant kennel fee if the pet does not behave as litter trained while staying with us.  Initials

3. **Does your pet chew or tear up bedding / blankets?**  YES  NO

## FEEDING

\*We recommend clients bring their pet's own food to avoid gastrointestinal upset that can sometimes occur as a result of diet change.

I brought my own food **OR**

Please feed my pet Vienna Vet Clinics Food

Does your pet require a SPECIAL DIET?

YES-Is what? \_\_\_\_\_  NO

### Feeding schedule:

Wet How much \_\_\_\_\_ Can(s)  AM  PM  Both

Dry How many \_\_\_\_\_ Cup(s)  AM  PM  Both

Last time I fed my pet: \_\_\_\_\_ am/pm

Special Feeding Instructions: (ex: prefers water on food, feed from a steel bowl only, etc.)

### Would you like updates during your pet(s) stay?

YES, please send me updates via  Phone Call (\_\_\_\_)\_\_\_\_-\_\_\_\_ or  Text Message (\_\_\_\_)\_\_\_\_-\_\_\_\_

NO

I am the owner of, or a delegate of the owner for the pet listed above and hereby consent and authorize Vienna Veterinary Clinic to board the pet listed above and medicate if needed. As the owner of said animal, I realize that I am responsible for boarding fees, and any associated costs, and for the payment of services listed below and that they are to be paid in full at the time the animal is discharged. If I do not pick up the animal within five (5) days of the scheduled pick-up date, Vienna Veterinary Clinic will assume the animal is abandoned. If the animal is abandoned, Vienna Veterinary Clinic is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services. I understand that Vienna Veterinary Clinic is not held responsible for lost or damaged personal items (blankets, toys, etc.) while my pet is boarding. I understand that during my pet's visit, if a Doctor or Technician sees that my pet may need additional care, every attempt will be made to contact me for approval of treatment. If I am not reachable, I understand that additional charges may accrue (starting with a \$50.00 exam fee). I understand that Vienna Veterinary Clinic does not have overnight staff onsite for patient monitoring. I further understand that in the event of an emergency every effort will be made to contact me. However if Vienna Veterinary Clinic is unable to contact me, I authorize Vienna Veterinary Clinic to make arrangements for or provide whatever treatment is necessary, and I agree to assume financial responsibility for any required treatments.

We do not board aggressive pets. If your pet shows aggression while boarding, we reserve the right to refuse future boarding after the original visit. Sedatives will be administered by a Veterinarian, for the remainder of the boarding period, at the owner's expense. We define aggression as a dog or cat that has bitten or injured a human or other pet, and/or growls, bares teeth, lunges or snaps at a person or other pet. The owner of an aggressive pet will be held liable for any injury sustained to their pet, another pet, an employee, representative, or client of Vienna Veterinary Clinic, and for any damage to our facility caused by said pet.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vienna Vet Clinic Representative Initials: \_\_\_\_\_ Date: \_\_\_\_\_