WELCOME TO THE "MEOW-IOTT" SOUTH PUTNAM ANIMAL HOSPITAL

Owner's Name_____Cat's Name_____

Admission Date_____Pick up Date_____

Circle one: Cat Board Or Cat Medical Board

Number(s) where you will be reachable during your cat's stay _____

Name and number of party able to give authorization for medical treatment in case of emergency and you are unreachable: _____

Vaccines required:
Date of last rabies vaccine_____Date of last distemper vaccine_____
Vaccines given by: ____ South Putnam Animal Hospital
____ _____
(name) (phone)

Flea treatment:
To provide the best possible care for all of our boarders, each pet admitted to the hospital will be examined for fleas and flea dirt. Each pet exhibiting evidence of fleas will need to be treated while here.

Special Needs:
Medication to be given? _____

Special Diet? _____

Behavior?_____

****Please be aware that we may need to adjust your cat's medication and/or diet based on his/her needs while boarding with us.**

It is the policy of our Hospital to require a minimum deposit of 50% of the boarding fee for your cat's stay. Please leave this payment with the receptionist when signing your pet into the hospital.

Amount of Deposit_____cash_____check_____Visa_____MasterCard____

You are to use all reasonable precaution against injury, escape, or death of my pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that if a medical problem is discovered, South Putnam Animal Hospital will telephone me or my emergency contact to discuss the problem and determine the course of necessary steps to diagnose and treat in accordance with current medical standards. In an emergency situation, measures to preserve and stabilize vital function shall be taken immediately without first contacting me or my emergency contact. By signing this contract, I am stating that I am the owner of the above pet or their authorized agent and guarantee that I have the authority to sign this contract and am personally liable for expenses for lodging, veterinary services, and any other fees incurred while my pet is boarded. I UNDERSTAND THAT ALL CHARGES ARE DUE AND PAYABLE UPON DISCHARGE OF MY PET. I ACKNOWLEDGE THAT I AM OVER 18 YEARS OF AGE.

Owner/Agent Signature (X) _____ DATE_____

Authorization for person other than owner/agent listed to pick up pet Yes____No____
Name of Authorized person_____