



Client Name: _____

Patient Name: _____

Patient #: _____

CAT CLINIC OF NIAGARA
BOARDING RELEASE FORM

You, the undersigned, do warrant that you are the owner or agent for the owner of the cat(s) listed below. You are leaving your cat(s) to be boarded at the Cat Clinic of Niagara (CCN) and the CCN will use all reasonable precautions against illness, injury, or escape of your cat(s), but they will not be held liable or responsible in any manner whatsoever for any loss or injury that was non-intentional. You will assume all risk.

Your cat(s) must be up to date on vaccines for distemper, upper respiratory and rabies within the last 12 months. It is also highly recommended the cat(s) be up to date on Leukemia and FIP as well, and have had a fecal exam within the last 12 months. If vaccination was not performed here, a certificate will be presented by you showing the date and clinic of the last vaccines and fecal check. These requirements are made to protect your cat(s) and other cats here on the premises, and allow the CCN to maintain a safe and healthy environment for your cat(s).

Your cat will be checked for fleas upon its first day of admittance, and the chart will be marked as to the presence or not of fleas. It is highly recommended that your cat(s) be placed on a preventative flea program (ask the technician or receptionist for more information), and if the cat(s) is/are not on a flea program while boarding here, it is highly recommended that it receive a flea bath upon release (for a small fee). If the cat is not on a flea preventative, nor bathed upon release, then no guarantees can be made as to the flea status of the cat(s) when it/they leave the CCN. This is a risk that you will assume.

In case of illness or injury you do hereby give my consent for the doctors of **THE CAT CLINIC OF NIAGARA** to treat, prescribe for, or operate upon my cat(s) while they are being boarded at the CCN, and to pay the resulting bill upon return. This would be an extremely rare occurrence, and the CCN will make all reasonable attempts to contact you so you can direct the care of your cat.

Please answer the following questions:

1. Date of last vaccination _____ For _____

2. Is/are your cat(s) having any recent signs of vomiting, diarrhea, sneezing or other problems? Yes No

(If yes, explain _____)

3. Is/are your cat(s) on a flea prevention program? Yes No

4. Would you like your cat(s) to have a flea bath on the day of discharge? Yes No

or the day before discharge (in the case of an early morning pick-up)? Yes No

5. If the Doctors or Staff at CCN find that your cat(s) does have fleas we will automatically treat your cat by administering 1 application of CAPSTAR (\$4.99) at the owners expense as well as start them on a preventative flea control to prevent further infestation to other cats in hospital ! Which would you prefer us to use for your pet if we find fleas?

ADVANTAGE REVOLUTION PROGRAM PROGRAM
Monthly TOPICAL Monthly TOPICAL Monthly ORAL 6 Month INJECTABLE

Please list below any concerns, requests, or special needs your cat(s) has/have. Also list any toys, bedding, towels that you wish to leave with the cat(s) and any special food:

Signature of Owner/Representative of Owner

Date

Emergency phone numbers and name of person to call - CANNOT LEAVE THIS BLANK