



Bluff Park Animal Clinic

Feline Boarding Registration

Client's name: _____ Pet's Name: _____

Breed: _____

Color/Marking: _____

Pet's Gender: _____ Spayed/Neutered: _____

Drop off date: _____ Pick up date: _____

Does your cat have any behavior problems we should be aware of?

Aggressive towards people or other animals? _____

Emergency contact: _____

Number: _____

Diet:

☐ House Chow

☐ Therapeutic diet _____

☐ Own diet _____

Feeding Schedule:

☐ Twice daily (AM/PM)

☐ Once daily

☐ Other _____

Medication:

I have provided my own medication ☐ Yes ☐ No.

Please label all medications and place in individual containers per medication.

Name of Medication/Supplement	Dosage	Type of Medication/supplement (EX: Capsules, Tablet, Drops)	Instructions

All animals must be current on all vaccinations, or they will be treated at the owner's expense. These vaccines include Rabies and HC2P (formerly FVRCP).

I agree _____

All animals must be free of external parasites (ticks, fleas, etc.) or they will be treated at the owner's expense.

I agree _____

Additional Services Requested:

Brush Out: ____ Yes ____ No

Nail Trim: ____ Yes ____ No

Anal Glands: ____ Yes ____ No

For Office Use Only:

Annual: _____

Other Exam: _____

Vx: _____

Other: _____

Concerns: _____

Boarded pets must be picked up during the following hours: 7:00am - 5:30pm, Monday-Friday, 8:00am - 12pm on Saturday. All pets receiving any additional services including bath or exam should be picked up after 2:30pm unless otherwise specified. For the safety of our staff and boarders, discharges after hours are not allowed. Due the risk of injury to your pet or loss/damage of items, we do not allow personal items to accompany pet. We will provide towels and blankets for bedding. Please note that during peak boarding times, pets will be boarded in a size appropriate space.

Please note that boarding may be stressful to some pets, mainly due to the change in environment. Occasionally, some pets may experience upset stomachs and loss of appetite. We offer the best care possible and want to make you aware of any situations that may occur in your absence. Therefore, I understand that Bluff Park Animal Clinic (BPAC) cannot guarantee the health of any animal but pledges to give appropriate care to all boarded pets. Furthermore, I understand that **24-hour monitoring is not available** at this facility. I do not hold this facility liable for any injury or illness that should affect my pet while boarding, or conditions often unavoidable in boarding environments, including, but not limited to, diarrhea and weight loss. Should my pet(s) become ill, I request that Bluff Park Animal Clinic provide all medical/surgical treatment it deems necessary. I acknowledge that, in the event of my pet's illness, the BPAC staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending a veterinarian. **If my pet has a serious illness or injury that becomes critical during my absent, I want the doctors to:**

Resuscitate my pet.

Do not resuscitate my pet.

I understand and agree to this policy. _____

I agree to make complete payment to Bluff Park Animal Clinic at the time of discharge. I certify that my pet is free of contagious disease and has not bitten anybody within the past 10 days. I understand that any animal not called for or picked up within 10 days of the hospital designated release date shall be considered abandoned and will be handled in accordance with Alabama state law, and that doing so does not relieve me of my financial obligations.

I understand and agree to this policy. _____