

All Cats Hospital, P.A. Boarding Release

Cat's Name: _____

Date: _____

Owner's Name: _____

Boarding, Small Cage (w16" x d28" x h22")	\$16.30/day
Boarding, Large Cage (w28" x d28" x h22")	\$20.30/day
Exercise Suite (w33" x d33" x h96" or 8ft)	\$40.75 for the first cat, \$16.30 for an additional cat
Oral Medications	\$4.10 - \$8.20/day
Administration of SQ Fluids	\$17.80/administration
Syringe Feeding	\$18.20/feeding
Doctor's Evaluation (If we haven't examined Your kitty within past 12 months, or if they become ill while here.)	\$57.25

Cats, as a species, are easily stressed by boarding. If your cat is not eating well on its own, we may try additional types of food (unless they are on a special diet), administer appetite stimulants and/or we may feed a high calorie diet by syringe. Doctor's evaluations are not included in the fee for boarding. If it becomes necessary for a doctor to evaluate your cat's condition while boarding, an additional fee will be charged.

If your cat's condition worsens during they stay here, we will make every effort to contact you. If we are unable to reach you, please indicate which of the following options you would prefer:

- Do everything possible for my cat. I give you permission to do diagnostic tests, appropriate therapy, ultrasound examination, and even surgery if it is found to be necessary. I give permission to the doctors of All Cats Hospital, P.A. to transport my cat to a specialty center if that is in my cat's best interest. I will take responsibility for all fees for services provided by All Cats Hospital, P.A., Tampa Bay Veterinary Emergency Service, Tampa Bay Veterinary Specialists, and Florida Veterinary Services.
- Do only emergency first aid care until you hear from me. I realize that in doing so we may be losing valuable time which may lead to my cat's death. If you have not heard from me within 24 hours and my cat's condition is critical, you have my permission to euthanize (overdose of an anesthetic which causes death) my cat.

1. What brand/type of cat food should we feed your cat while they are here: _____

2. Please list all medications and the times they should be given below:

3. What flea/heartworm preventative product(s) are you using? Advantage Revolution
 Heartguard Program None Other _____

4. What phone number should we call in case of an emergency? _____

5. What date and approximate time will you be picking up? _____

* All Cats Hospital maintains a flea-free hospital. Your cat will be examined on admittance and if fleas or evidence of fleas are found, they will be treated at the owner's expense.

* I, the undersigned owner or authorized agent, hereby consent and authorize All Cats Hospital, P.A., its veterinarians and agents to receive, care, and prescribe for the cat identified above. I understand that no guarantee has been made except reasonable precautions against injury or escape. . I understand that All Cats Hospital is in Evacuation Zone C. I give permission to evacuate my cat in the case of a storm. I understand there will be an additional charge of \$50.00.

Signature: _____