

The Cat Doctor of Dover Boarding Admission Form

Drop off date:	AM or PM:	Pick up date:	AM or PM:
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Owner's

Name: _____

In Case of Emergency Notify: _____ Phone #: _____

Alternate Emergency Contact: _____ Phone #: _____

Cat's Name: _____

Flea Product used/Date of last application (required info) _____

Feeding

Instructions: _____

(Name of food, how much, how often)

Medications: _____

(Names of medications, dose, frequency, time of day given)

Articles left: _____

- I have read, understand, and will adhere to the boarding policies of The Cat Doctor of Dover.
- I have been given the daily rates and fees for boarding at The Cat Doctor of Dover.
- In the event of an emergency or development of illness and I cannot be reached, I agree to emergency and medical treatment deemed necessary for my cat.
- I agree to pay all related expenses associated with the treatment of my cat until I am available to discuss further care and related fees with the doctor.

Signature of Owner or Authorized Agent

Date