



2073 Western Avenue
Guilderland, NY 12084
(518) 869-5779

Boarding Admission Sheet

Cats' Name: _____

Dates Boarding: Arrival: _____

Departure: _____

Current Medication (*if applicable*):

<u>Medication</u>	<u>Dosage</u>	<u>Times per day</u>	<u>Time of last dose</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my cat today.

Date of last flea medication treatment (*if applicable*): _____

Food client provided: _____

(*If no special diet listed, Just Cats will provide our house food for the duration of your pets stay.*)

I understand any items left at Just Cats (*i.e. toys, towels, etc.*) may not be returned.

Items left: _____

I (*print your name*) _____ give the personnel at Just Cats Veterinary Clinic, P.C. the authorization to perform medical procedures needed to stabilize my cat in the event that a life-threatening situation arises and I am unreachable.

Contact number(s) in case of an emergency: _____

Signature: _____

Date: _____