



Feline Boarding Admission Form

850 S Henrickson Road
PO Box 310
Dewey, AZ 86327
WWW.KachinaAnimalHospital.com
KachinaAH@gmail.com

Please print in all the spaces.

Office: 928-772-8225
Fax: 928-759-0235

Client Name _____			
Mailing Address _____	City _____	State _____	Zip _____
Physical Address _____ If different from above	City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	Emergency Phone _____	
Pets Name _____			
Breed _____	Male / Female _____	Spayed/Neutered? _____	
Color _____	Birth Date _____		_____

Admission

Arrival Date _____ Departure Date _____ Anticipated Departure Time _____

Medication

Is your pet on any medications? Yes _____ No _____

Medication name _____ How much dose pet get? _____ How often? _____

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Medication name _____ How much dose pet get? _____ How often? _____

Have you given the medication(s) today? Yes _____ No _____ Do you need any refills? Yes _____ No _____

There is a daily fee of \$5 for medication administration. All medications and/or supplements must be presented in original bottles. Diabetic boarding is \$81.50 per night which includes insulin administration.

Feeding instructions:

Has pet been fed today? Yes / No AM / PM What food is pet on? _____

How much is your pet fed? _____ Cups per feeding _____ Cans per feeding Once daily / Twice daily

Does your pet get any treats? Yes / No What kind? _____ How many / how often? _____

Personal Belongings:

Will you be bringing any of the following for your pet while boarding?

Bedding? Yes / No Description _____

Toys? Yes / No Description _____

Leash/collar? Yes / No Description _____

Other items? Yes / No Description _____

Special Instructions:

Is your pet aggressive towards other cats? Yes _____ No _____

Is your pet aggressive towards people? Yes _____ No _____

Is your pet fearful? Yes _____ No _____

Other? _____

Services needed while your pet is boarding:

Are there any health concerns that you would like addressed by a veterinarian? Yes / No

Explain: _____

Is your pet having any problems with any of the following? Vomiting? _____ Diarrhea? _____

Coughing? _____ Sneezing? _____ Increased Urination? _____

Increased Thirst? _____ Weight changes? _____ Appetite Change? _____

Would you like to have your pet seen by the Veterinarian during their stay? Yes / No Exam fee \$67.15

Does your pet need a wellness exam while boarding? Yes / No

Pediatric wellness exam (<1 year) \$32.95, Adult wellness exam (1 to 7 years) \$49.95, Senior wellness exam (>7 years) \$49.95

Does your pet need any vaccines while boarding? Yes / No Current yearly exam needed to give any vaccines.

Feline Distemper-\$27, Feline Leukemia -\$29.15, Rabies-\$27,

Does your pet need a frontline application while boarding? Yes / No **An approved flea/tick preventative is required to board. It must be applied by our staff OR you must provide proof of purchase through a veterinarian and apply once monthly.**

If purchased through a veterinarian, when was the last time it was applied? __/__/__

Would you like your pets nails trimmed or Anal glands expressed? Yes / No Nail trim \$18.85 Anal glands \$25.95

Would you like your pet to have a bath? Yes / No Give bath on __/__/__ Bath \$37.75

Services needed while your pet is boarding:

Would you like your pet to be tested for intestinal parasites? Yes / No Fecal test \$68.22, current yearly exam needed.

Would you like your pet to be tested for Feline Leukemia / FIV? Yes / No

Test \$70.55 All cats need if not previously tested negative.

Does your pet need any bloodwork? Yes / No Explain _____

Would you like a free CoHAT dental evaluation for a dental estimate? Yes / No

Would you like Doctor-supervised boarding? Yes / No Recommended for older pets. \$40.95 per night. \$72.45 on Sundays.

Emergency Contact Name _____

Emergency Contact Phone Number _____

Alternate Emergency Contact Name _____

Alternate Emergency Contact Phone Number _____

Printed name _____

Signature _____

To prevent the spread of infectious diseases, all hospitalized and boarding patients must be current on all vaccinations and free of internal and external parasites.

We will gladly prepare a written estimate if you desire. (Please ask our doctor or receptionist.) In case of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take MasterCard, Visa, Discover, American Express and Care Credit. We can establish a payment arrangement for qualified clients if approved in advance of the treatment. There will be a \$40.00 service charge for any checks returned unpaid.

I understand that payment is due at the time services are rendered.

Signature of Responsible Agent for Pet(s) _____ Date _____

I give permission to _____ to authorize treatment of my pet in my absence.

* The Hospital's Registered Staff will be on the reception desk at all times *