

City Cat Doctor
600 N. Wells St Chicago, IL 60654
(312) 944-2287

Boarding Agreement

Date of drop off:

Date of pick up:

Owner's Name:

Contact Phone Number:

Cat's Name:

Emergency Contact & Phone Number (other than owner):

I would like my cat examined by a doctor for the following issues/concerns:

Boarding Release - Please check/initial the following:

I authorize the veterinarians of City Cat Doctor to perform any diagnostic and treatment procedures as deemed advisable or necessary for the health and well-being of my cat.

I agree to pay **\$34/night** for boarding services, with an additional \$15 per day for any medications administered per cat (if applicable). The rate of \$23/night is added for each additional cat.

I understand all attempts will be made to contact me if my cat has not been picked up on the date specified. This includes: telephone, e-mail, and written notice mailed to the address on file. Five days after such written notice, my pet will be considered abandoned and may be re-homed as deemed best. It is understood that by doing so, I am not excused from paying all costs of our service and the use of the hospital, including the cost of keeping.

I understand all cats boarding at City Cat Doctor are required to be up-to-date on required vaccinations. Vaccinations must have been administered by a licensed veterinarian, with written or digital verification noted before time of boarding. I understand in the absence of such verification, my cat will be updated by City Cat Doctor unless deemed medically inappropriate.

I am aware that all cats are required to be treated with flea medication while boarding. I understand in absence of such verification, each cat will be treated at my own expense with a one-time charge of **\$31.61 per treatment**. Price may vary depending on the current weight of the cat.

I understand payment is due in full for services rendered at time of pick-up, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. If payment is not made in full, I agree to pay all costs of collections including attorney fees. Unpaid balances will accrue interest of 1.5% monthly and 18% annually.

Medical Illness Policy – Please check **ONE** of the following:

One of the advantages of boarding your cat with your veterinarian is that medical care is readily available should the need arise. If no one can be reached, please indicate the level of treatment authorized until we are able to contact you or another person authorized to make decisions for your cat.

Please perform the necessary treatment for the best care of my cat until someone can be reached.

Please perform the necessary treatment for my cat, not to exceed \$ _____.

Do not perform **any** treatment on my cat until someone is reached and specific authorization is given.

Food, Medication, and Personal Items:

My cat normally eats the following diet: _____

My cat is fed _____ cup(s)/can(s) _____ times daily.

My cat was last fed _____

I have brought food for my cat(s).

I have not brought any food and my cat will need to be fed using the clinic's supplies. I understand there is an additional charge for wet food per can used during the boarding period.

I have brought the following medication(s) for my cat(s):

Medication Name:	Dose:	How Often:	Last Given Day/Time:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have brought the following personal items for my cat(s):

Pet Pick-up: City Cat Doctor may release my cat to the following person(s) if I am unavailable:

I have read and understand this agreement. I fully intend to pick up my cat on the date state above. If circumstances change, I will notify City Cat Doctor of a new pick up date. I also understand that any fees for services rendered are due at the time of pick-up.

Signature of Owner or Representative Relationship to Owner (if applicable) Date