

BOARDING FORM FOR CATS

Boarding dates _____

Prytania VETERINARY HOSPITAL

4907 Prytania St. New Orleans, LA 70115

Pet name: _____ Owner first & last name _____

Does your kitty go outside? NO YES

OFFICE USE: Are cat's vaccinations current? YES NO Date of last vaccinations _____

Reminders due _____ Owner notified YES NO _____

MEDICATIONS

Is your pet **ON** a **monthly heartworm** preventative? NO YES What brand? _____

Does your pet **NEED** a dose while boarding? NO YES Purchase? _____ Quantity? _____ Date? _____

Is your pet **ON** a **monthly flea** preventative? NO YES What brand? _____

Does your pet **NEED** a dose while boarding? NO YES Purchase? _____ Quantity? _____ Date? _____

Does Josephine need a dose of **flea** preventative while boarding?

****Revolution & Advantage Multi treat both heartworms & fleas.**

Is Josephine on any other medications/ treatments? YES (fill out chart below) NO

Med**/ Tx* _____ Times/day _____ #Txs needed today _____ Own meds: Y/N*

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DIET

We feed maintenance formulas of Science Diet® to our boarders based on their age. Prescription Diets® are an additional fee. Diet: _____

I brought my own food. Type: _____ (if your cat runs out, we will feed them Science Diet®)

Feed Josephine: Once a day Twice a day free feed Other _____

Does Josephine need to be fed today? YES NO

Do we have your permission to make necessary diet changes? YES* NO Call first

PLEASE CHECK ANY OF THE FOLLOWING PROCEDURES AND/ OR SERVICES THAT YOU WOULD LIKE US TO PERFORM WHILE YOUR PET IS STAYING WITH US*

Doctor examination* (Dr.Ghere/ Dr.Biondolillo/ Dr.Nathan/ Dr. Armani) Reason: _____

Get a HomeAgain Microchip™ *

Trim nails*

Do you authorize us to do any necessary medical treatments? YES* NO Call first

Do you want your cats to board together? YES NO

Special Instructions* _____

In order to preserve a flea-free environment, your cat will be administered a Capstar® upon entry (\$5.45).

*Service may require an additional charge. Please ask for prices.

**There is an oral medication fee of \$1.70 per administration.

Signature of owner or responsible party _____ Emergency contact # _____

OFFICE USE: BOCACI NTCI BCI EXAMCI EXAGCI