



# Boarding Admission Form—CAT

This form is available on our website [www.elliottbayah.com](http://www.elliottbayah.com)

Client/Owner name \_\_\_\_\_ Cat (s) name \_\_\_\_\_

I will be traveling to \_\_\_\_\_ Contact Number \_\_\_\_\_ Contact Email \_\_\_\_\_

**LOCAL EMERGENCY CONTACT (who can make medical decisions and pick-up your pet if you are not available)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Drop off date \_\_\_\_\_ Pick up date \_\_\_\_\_ AM PM Sunday Holiday

*(If you pick up your pet before noon, you will not be charged for an additional day of boarding)*

May we post your cat's photo on our website, Facebook page or Instagram?..... Y N

If time permits, would you like a report card sent home with you after your cat's stay?..... Y N

Other person authorized to pick up your cat (s)? \_\_\_\_\_

What do you feed your cat (s)? \_\_\_\_\_ Protein Source \_\_\_\_\_

How much do you normally feed your cat (s)? AM: \_\_\_\_\_ PM: \_\_\_\_\_

Does your cat (s) have any allergies? (food, drug, environmental, etc.) \_\_\_\_\_

Does your cat (s) have a history of aggression towards animals and/or humans? \_\_\_\_\_

Does your cat (s) have a history of chewing and ingesting blankets/towels/bedding? Y N  
(if yes, please fill out release form)

Would you like for your cat (s) to have:

indoor playtime sessions (total quantity) \_\_\_\_\_ (20 minutes) **Please fill out the back section of this form. Toys are ONLY permitted during playtimes.**

Current release form \_\_\_\_\_ (EBAH initials)

nail trim only  other: \_\_\_\_\_

examination and / or  fecal test (the appropriate exam fee will apply)

Is your cat on flea/parasite prevention? Y N Which prevention? \_\_\_\_\_

**When was the last dose given? \_\_\_\_\_ . In the event external parasites are found, the appropriate services will be provided and charged accordingly.**

Is your cat on medication? Y N (There is an additional fee for fluid therapy and insulin administration)

**ORIGINAL CONTAINERS MUST BE PROVIDED**

If yes, please state directions and dose \_\_\_\_\_

When was the last dose given? \_\_\_\_\_ When should we give the next dose? \_\_\_\_\_

Cats will be released only during regular office hours and payment is required at that time. If I neglect to pick up my cat (s) within 5 days of the pick up date above, Elliott Bay Animal Hospital may assume the cat (s) is abandoned and is authorized to relinquish the cat (s) as they deem necessary.

**In signing this form, I also agree that the information on my cat's original boarding form is current, accurate and correct.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Thank you for allowing us to care for your pet!**

## Playtime Consent Form

This form is available on our website [www.elliottbayah.com](http://www.elliottbayah.com)

**PLAYTIME:** I, \_\_\_\_\_, hereby request and give my permission for Elliott Bay Animal Hospital, including its employees, employers and/or independent contractors, to provide a 20 minute supervised playtime session for my cat (s) named \_\_\_\_\_. These playtime sessions are provided in our enclosed, indoor catward. I do understand that there maybe risks involved, and I release Elliott Bay Animal Hospital, including its owners, managers, employees, and independent contractors and hold harmless from any or all injury, harm, damage, or loss caused by my cat (s) during playtime sessions. I request my cat (s) to play  one-on-one  housemates only  
In the event my cat (s) sustains an injury during playtime, I understand Elliott Bay will attempt to contact me by phone and will proceed with providing appropriate medical care for my cat (s). I understand that should medical care be needed, the charges associated with providing that care will be applied to my account and will be paid at the time I pick up my cat (s) from boarding. \_\_\_\_\_ (initials).

I understand that my cat (s) will be given the opportunity to have toys during playtime. As cats may exhibit different behaviors boarding than they do at home, for the safety of my cat (s), these supervised indoor playtimes will be the only time my cat will have access to toys.

My cat (s) has a toy history of  Chewing  Shredding  Destroying  Eating  No History

Describe the Incident \_\_\_\_\_

I want my cat (s) to have access to toys during playtime?                      YES                      NO

In the event my cat ingests a toy during playtime, I understand Elliott Bay will provide appropriate medical care and the additional fees will be applied to my account. \_\_\_\_\_ (initials).

I have read the above provisions: Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Please tell us a little about your cat (s)

My cat (s) enjoys:  Cat Nip                       Feather Toys                       Petting                       Toy Mice  
 Rolling balls                       Laser Toy                       Treats                       Fetch

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_