

Sacramento Cat Hospital
4115 Manzanita Ave
Carmichael, CA 95608
(916)488-4161

Boarding Admission Form

All pets entering the hospital must be current on vaccinations for FVRCP and Rabies. They must also be free of external parasites (fleas, ticks, ear mites, etc). I authorize the Sacramento Cat Hospital to treat for external parasites if my pet should have any and I know I am responsible for the cost of treatment.

I authorize the Sacramento Cat Hospital to do whatever is necessary in case of an illness or an emergency situation. I understand that I am responsible for all medical and surgical costs incurred, unless prior arrangements have been made with the Sacramento Cat Hospital. I am placing a financial limit of \$_____ for additional costs for emergency care of my pet(s). (Minimum of \$300/cat)

Please list any additional procedures you would like us to do:

What food does your cat(s) eat?

Dry Food:

Wet Food:

If medications are necessary for treatment or handling of my pet, I give permission to the Sacramento Cat Hospital to administer such medications.

Current Medications: Dose: Frequency: Last Given:

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In case of an emergency, where can we attempt to reach you?

Name of Hotel, Resort, etc:

Telephone Number: () - _____

If we are unable to reach you, who can we contract to make a decision about your cat's care in the event of an emergency?

Name:

Relationship:

Home Number: () - Work Number: () - _____

In my absence, this person has my permission to authorize treatment and/or euthanasia should treatment costs exceed the financial limit or as deemed necessary and humane due to the animal's deteriorating condition.

I will be picking my cat(s) up on _____AM____PM____

Unless prior arrangements have been made, pet's left more than 5 days post scheduled pick up time, will be considered abandoned.

Name:

Pet's Name(s):

Signature:

Date:
