



Albuquerque Cat Clinic

7007 Jefferson NE, Suite D-2

Albuquerque, NM 87109

505-323-1460

www.abqcatclinic.com

Boarding Admission Form

Client Name: _____

Cats Name: _____

Age: _____

Color: _____

Sex: _____

Breed: _____

Admission Date: _____ Discharge Date: _____

Emergency Contact Number: _____

Feeding Instructions: _____

Any Special Instructions? _____

Items left (must be marked with indelible ink): _____

Check additional authorized work:

- Annual Physical examination
- Fecal analysis
- Feline leukemia/FIV test
- Dental prophylaxis
- Nail Trim
- Re-examine

For _____

ANY CATS ADMITED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE AT THE TIME OF ADMISSION.

Additional services not listed above _____

Can we get any supplies ready for you when you pick up your cat? (food, medication)

The undersigned hereby warrants that he or she is the owner or agent for the owner of the above animal and has the authority to execute this consent and authorize Albuquerque Cat Clinic and its personnel to groom, care for and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatments for any condition that may endanger said other animals and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites and infectious viruses.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape or illness with the understanding that the undersigned will remain responsible for the cost of all services provided by Albuquerque Cat Clinic and its authorized agents.

I am 18 years of age or older.

Signature of Owner or Agent

Date