



Albuquerque Cat Clinic

7007 Jefferson NE, Suite D-2
Albuquerque, NM 87109
505.323.1460
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

ANY CATS ADMITTED 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.

For _____

- 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

Albuquerque Cat Clinic

BOARDING REPORT CARD



Patient Name:		Client Name:		In Date:			
				Out Date:			
CATTITUDE During stay: <input type="checkbox"/> Playful <input type="checkbox"/> Loving <input type="checkbox"/> Talkative <input type="checkbox"/> Comfortable <input type="checkbox"/> Quiet <input type="checkbox"/> Nervous							
Positives:				Things to watch for:			
Comments:							
Demeanor at check-in: <input type="checkbox"/> Playful <input type="checkbox"/> Loving <input type="checkbox"/> Talkative <input type="checkbox"/> Comfortable <input type="checkbox"/> Quiet <input type="checkbox"/> Nervous							
Special Diet: <input type="checkbox"/> Yes <input type="checkbox"/> No				Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No			
DAILY CHECKLIST							
Date/Initial	Appetite	Water Intake	BM	Urination	Attitude	Medications	Vomiting
AM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
PM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
AM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
PM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
AM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
PM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
AM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
PM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
AM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
PM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
AM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
PM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
AM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
PM	I/N/D	I/N/D	Y/N/D	Y/N	N/A	Y/N	Y/N
Weight Check							
Weight:							
Date:							

*Appetite/Water: I-Increase, N-Normal, Decrease BM: Y-Yes, N-No, D-Diarrhea Attitude: N-Normal, A-Abnormal
Urination/Medications/Vomiting: Y-Yes, N-No*

THANK YOU!