



Admission Date: _____

DVC Boarding Form

Discharge Date: _____

Owner's Name: _____

Emergency Phone #: _____

Email: _____

Articles left: _____

(DVC is not responsible for any articles left with pet)

Pet's Name & Description of Pet:

To Board with pet: (Name)

For your pets protection the following must be current: **Rabies, FVRCP, FeLV/FIV Test, annual physical exam and free of fleas.**

While my pet is boarding, please perform the following: (additional fees apply)		
<input type="checkbox"/> Annual Physical	<input type="checkbox"/> Fecal Test	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> FVRCP Vaccination	<input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> Ear Cleaning
<input type="checkbox"/> Rabies Vaccination	<input type="checkbox"/> Bloodwork: _____	<input type="checkbox"/> Anal Gland Expression
<input type="checkbox"/> Feline Leukemia Vaccination	<input type="checkbox"/> Bath	<input type="checkbox"/> Flea Treatment

Medication:	Amount	How Often	Date & Time Last Given
1.			
2.			
3.			
4.			
5.			

Food while boarding:

	Food Type	Amount	How Often	Owner Provided
	Dry			Y / N
	Canned			Y / N

****Prescription diets: Fees apply if not provided by owner****

Other instructions or treats to be given: _____

In case of an emergency or an urgent medical problem involving my pet, every effort will be made to contact me.
 Hospital may refill any medications that have run out. _____ (initials)

Signature: _____ Date: _____ DVC Witness: _____



Dupont Veterinary Clinic Emergency Veterinary Care Agreement

Dupont Veterinary Clinic operates on the principle that the welfare of your boarding cat is our first priority.

If, in the opinion of our veterinary staff, your cat requires veterinary attention, he/she will be examined and treated by a Dupont Veterinary Clinic veterinarian.

We make a firm practice of keeping our clients 100% informed as to their cats' condition and status. You, or the emergency contact you specify, will be notified of any concerns as soon as possible, but the welfare and stabilization of your cat is our primary consideration, and treatment may be initiated before contact is made.

Please choose ONE (1) of the two options below for the guidelines of care that you want us to follow for your cat in an emergency:

PLEASE CHOOSE ONLY ONE OPTION:

No Limitations – Save life and keep comfortable **AT ANY COST**. This may include transport to a veterinary referral center for 24 hour care and monitoring.

OR

Prevent pain and suffering until owner is reachable or returns. Diagnose and treat problem if possible, but **EXTENSIVE OR HEROIC MEASURES TO PRESERVE LIFE WILL NOT BE TAKEN** until owner is contacted. Euthanasia may be warranted in severe circumstances.

All in-house veterinary fees are the responsibility of the pet owner, and will be billed at the time of check-out. **Fees from outside veterinarians and hospitals are the responsibility of the pet owner** and should be handled directly with the doctor performing the service.

I certify that I have read, understood, and agree to the information provided.

(Signature)

(Date)

(Print name)

(Pet name)

(Witness initials _____)