



Admission Date: _____
Discharge Date: _____

DVC Boarding Form

Owner's Name: _____
Emergency Phone Number: _____
Email: _____
Articles Left: _____

Pet's Name and Description:

To Board with Pet (Name):

For your pet's protection, the following must be current: Rabies, FVRCP, annual physical exam performed by Dupont Veterinary Clinic and free of fleas.

Annual Physical		Fecal Test		Ear Cleaning	
FVRCP Vaccination		FeLV/FIV Test		Anal Gland Expression	
Rabies Vaccination		Bloodwork: _____		Preventative Application	
Feline Leukemia Vaccination		Nail Trim (Included)*		Other: _____	

**We will do our best to perform a nail trim for your cat however, we cannot guarantee this as some pets may be too stressed for us to complete this service. The safety and health of your pet is always our priority.*

Medication	Amount	How Often	Date and Time Last Given

FOOD	FOOD TYPE	AMOUNT	HOW OFTEN	OWNER PROVIDED
DRY				Y / N
WET				Y / N
OTHER (treats, etc.)				

****Prescription Diets: Fees apply if not provided by owner. We can provide Hill's C/D, I/D, and K/D.****

In case of an emergency or urgent medical problem involving my pet, every effort will be made to contact me. Dupont Veterinary Clinic may refill any medications that have run out.



Dupont Veterinary Clinic Emergency Veterinary Care

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 cat's 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 operations below for the guidelines of care that you want us to follow for you 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 – Prevent suffering until owner is reachable or returns. Diagnose and treat problem if possible, but **EXTENSIVE OR HEROIC MEASURE 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)



DVC WITNESS INITIAL