

Lodging At the Cat Clinic of Folsom

Owner's Name: _____

Date of Drop-off: _____

Cat's Name: _____

Date of Pick-up: _____

CONTACT INFORMATION

Emergency Contact: _____

Emergency Phone Number: _____

Email address: _____

**Preferred method of emergency communication* Phone Email

***If you cannot be reached by the numbers listed above only those emergency services the doctor deems necessary will be performed*

FEEDING

	DRY	CANNED
Brand:		
How much?		
How often?	<input type="checkbox"/> Free feed <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily	<input type="checkbox"/> Free feed <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily
Other		

MEDICATION

Medication Name

Dosage

**Medication and/or injections will be given at an additional charge*

Flea Control: _____ Date last applied: _____

**Current Flea product is required. If fleas or evidence of fleas are found, a flea product will be given at owner's expense.*

Health concerns or allergies: _____

Belongings: _____

Proof of current RABIES and FVRCP vaccination required, or will be given on admission.

Owner's Signature: _____ **Date:** _____

No staff present after hours

ALL CHARGES ARE DUE AT TIME OF DISCHARGE

A 50% deposit is required for new clients or extended stays