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14200 Clopper Road
 Boyds, MD 20841
 301-540-7770



MEDICAL BOARDING AGREEMENT

OWNER: _____ CAT: _____

Boarding from _____ - _____ in Loft with a View Room with a View Loft (no view)
 Estimated time of pick up _____ (Boarding charges include days of arrival & departure.)

Preferred method of contact: Phone/text _____ Email _____

Emergency Contact Name: _____ Phone: _____

I would like to receive an update while boarding: by email by text emergency only

MEDICATIONS: \$1.40 / dose / day each

Administer _____ once / twice daily in AM / PM starting _____

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Administer _____ once / twice daily in AM / PM starting _____

DIET: Please indicate amounts for each meal and frequency given.

Please let us know if your cat needs to be fed once they are checked in by our staff

Canned food: _____

Dry food: _____

Treats: _____

TREATMENT: Please list any services that you would like to have done during your cat's stay. (Additional fees apply.)

Brush sessions _____ Playtime sessions _____ Nail trim Other (list below)

If an exam is performed, please have the doctor contact call me email me text me, or I prefer to wait and discuss exam findings at pick up.

Personal Items: _____

Special Instructions: _____

Please turn the page over ➡

VACCINATIONS

All cats are required to be current on Rabies and FVRCP/Distemper vaccinations (unless deemed otherwise by the doctor due to health or age), free of any parasite and tested negative for Feline Leukemia (FeLV). If your cat goes outside, s/he should be vaccinated for FeLV and if not, we'll re-test upon each admission to ensure their negative status. All vaccinations must be administered at least two weeks prior to boarding. If vaccinated at another facility, you must provide written verification prior to reserving a room. If you do not provide documentation, you will be charged any fees to obtain this information and/or have the tests/vaccinations performed here. **All cats must be examined by a doctor at A Cat Clinic within one year of boarding with us.** _____ Initials

PARASITES

Your cat will be inspected for parasites upon admission. If discovered, we require that your pet be treated prior to boarding at our facility. Fleas/ticks/mites are external parasites that we check for, and a fecal sample needs to be checked for intestinal parasites within one year of boarding, or will be performed while your cat is staying with us. _____ Initials

CHECK-IN / CHECK-OUT

Your cat must be checked-in / checked-out no later than 5:00pm Monday through Friday and 11:00am Saturday. This is to ensure we have enough time to get your cat settled into their space before we close for the day. If you should need to arrive later than this, please be aware that there will be a charge of \$40.00 per cat added to your boarding total. _____ Initials

TREATMENT

When cats are away from home they often times become stressed, which can present itself in many ways such as lack of appetite, gastrointestinal upset, etc. Our doctors will treat these issues with appetite stimulants and fluids, if they consider it necessary. If any additional medical concern is discovered, a team member will contact you or your emergency contact person to discuss your cat's health status. If this discovery is made after business hours, we will notify you when the clinic re-opens. The attending veterinarian has the owner's permission to take the essential steps to diagnose and treat in accordance with existing medical standards. The owner assumes full financial responsibility for lodging, medical care, and any other expenditure incurred while their cat is boarding. _____ Initials

SUPERVISION

Maryland law requires written notification by pet care givers when 24-hour on-site supervision is not provided. A Cat Clinic's normal policy is to hospitalize patients overnight when needed and to give appropriate care throughout their stay. A Cat Clinic is open from 8am to 7pm Monday and Tuesday, 8am to 6pm Wednesday, through Friday and 9am to 1pm on Saturday. Boarding is also continued on weekends and holidays. Please feel free to call/email us at any time that we are open to check on your feline family. _____ Initials

I, _____, verify that I have read, fully understand and will comply with the above conditions of A Cat Clinic and acknowledge my receipt of a copy of this form.

Signature of Owner/Responsible Agent Date