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MEDICAL BOARDING CARE INSTRUCTIONS

OWNER: _____ CAT: _____

MEDICATIONS: \$1.55 / dose / day each

Administer _____ once / twice daily in AM / PM starting _____
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How do you administer medications at home? _____

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

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

Canned food: _____

Dry food: _____

Treats: _____

Does your cat need breakfast today? _____ Lunch? _____ Dinner? _____

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:

call me email me text me

Please list your cat's belongings (limited to 1 bed, 1 blanket and 3 toys):

Anything else we need to know?:

