

417.626.2828 Clinic phone
417.626.8877 Grooming Phone
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FELINE BOARDING PERMISSION FORM

Cats's Name: _____ Client's Name: _____

Admission Date: _____ Check Out Date: _____ am ___ pm ___

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

All vaccines must be current, with proof of vaccination from a verifiable source (veterinarian, clinic, etc), or we will administer needed vaccinations upon admission into our boarding facility. Cats are required to have rabies and FVRCP vaccinations within the last year. They are also required to have a negative fecal test within the last 90 days.

Vaccines have been verified current by: _____ (staff member)

Services/Vaccinations needing to be boosted: _____

All vaccinations will be given after a healthy animal physical examination is performed by one of our staff veterinarians.
(Charges will apply)

This is a flea/tick free facility. The staff will check your pet for fleas/ticks at check-in. If any are found, your pet will be treated with Frontline Plus or Vectra at your expense.

Checked by Staff Member for Fleas/ticks: _____ Fleas/ticks found: Yes No

**PLEASE LIMIT YOUR PET TO ONE TOY SINCE THEY HAVE A TENDENCY TO GET MISPLACED.
WE WILL ACCEPT NO RESPONSIBILITY FOR LOST OR DAMAGED ARTICLES.**

Our facility feeds Royal Canin Intestinal HE to all pets during their stay at no additional charge. If your pet is on a prescription diet or any other diet, it is recommended that you bring it in with them or it can be dispensed at regular price. Please indicate any special diet:

Please list any medications your pet will require while staying with us. There is a \$3.00 daily charge for administering these medications. _____

Please indicate any additional services you would like your pet to receive while staying with us (at additional cost):

- Full Service Grooming Nail trim only Bath only (is complimentary after 4 nights of boarding)
 FeLV/FIV/HW test Examination Micro chipping

By signing below as the owner or authorized guardian of this animal, I give permission to Paws Veterinary Clinic to receive, treat, prescribe or otherwise care for the animal(s) listed above as deemed necessary. I agree to pay for reasonable and necessary veterinary care. In the event of an emergency, I authorize Paws Veterinary Clinic to treat, or obtain treatment for my animal and agree to pay all reasonable and necessary charges incurred. I also recognize that attempts to contact me will be made at the above emergency number. I assume all responsibility and will pay for any damage that my pet(s) does to the facilities or property of Paws Veterinary Clinic, Inc.

Payment is expected in full at the time of your pet's discharge. We do accept personal checks; however returned checks for any reason will be assessed a \$25 return check fee.

Thank you for choosing to board with us! If you notice any changes in your pet or have any concerns after boarding your pet with us, please contact the clinic immediately.

Signature of Owner/Agent: _____ Date: _____