

**St. Louis Cat Clinic**  
 3460 Hampton Ave.  
 St. Louis, MO 63139  
 314-832-2287  
**Purrfect for Cats**  
 www.stlouiscatclinic.com



**Joan Freesh, DVM**      **Alison Kinnunen, DVM**      **Holly Bellrichard, DVM**

Office use only	
Client ID:	
Patient ID:	

**AUTHORIZATION FOR BOARDING SERVICES**

(Please complete everything in blue)

Client Name: _____ Address: _____ _____ Telephone: _____	Name: _____ Species: _____ Breed: _____ Sex: _____ Color: _____ Markings: _____ Birth Date: _____
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I authorize the doctors of St. Louis Cat Clinic (and assistants the doctor may designate) to board my cat and to do the services listed below. **I consent to the administration of such vaccinations that the doctor deems necessary for admittance into the clinic. I understand that my pet will be treated for fleas, at my expense should the doctor or assistants note fleas on my pet, so that fleas will not be transferred to other hospitalized or boarding pets.**

It is the policy of the St. Louis Cat Clinic to act in an emergency situation for all boarding, hospitalized, surgery, and dental procedure patients to resuscitate to save the patient's life should the need arise.

**ADMISSION TO THE CLINIC FOR THE FOLLOWING SERVICES:**

**Boarding starting on:** \_\_\_\_\_ **until:** \_\_\_\_\_

St. Louis Cat Clinic, Inc. will use all reasonable precautions against injury, escape, or destruction of the animal but will not be held liable or responsible in any manner whatever, or any circumstance, on account of care, treatment, or safe keeping of the animal above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

If an owner fails to claim his/her pet, written notice will be mailed to the address noted on this form to remove the animal. Five days after such written notice the animal will be considered abandoned and may be disposed of in accordance with clinic policy. If the animal is abandoned, it is understood that I am not relieved from paying costs for your services and the use of your clinic, including the cost of keeping said animal.

I also certify that no guarantee or assurance has been made as to the results that may be obtained. I assume the financial responsibility for all charges incurred to the patient. I understand that my pet will be discharged only during regular office hours and the fees due for the pet's care will be paid in full at the time of discharge. Unless otherwise notified, my pet will be discharged on: \_\_\_\_\_.

I have read and fully understand the above Authorization for Boarding Services Agreement.

(If under the age of 18 at the time of this agreement, I certify that I am acting as the agent on behalf of my parents or guardian, who is aware of this action, and who agrees to be legally bound by and responsible for the aforesaid conditions and agreements.)

Date: \_\_\_\_\_

Owner's/ Agent Name: \_\_\_\_\_

PRINT NAME

SIGNATURE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**To help us care for your cat while staying with us please answer a few questions on the next page.**

1. Is your cat currently on medication? Yes \_\_\_\_ No \_\_\_\_ (if no go down to question #2)

If yes, please list the name of medication(s) and dose(s):

Medication	How much do you give?	When do you give it?
1.		
2.		
3.		
4.		
5.		
6.		

Did you bring the medication with you? Yes \_\_\_\_ No \_\_\_\_

Do any of the medications listed above still need to be given today? Yes \_\_\_\_ No \_\_\_\_

If yes, list the corresponding number(s) of each medication listed above that we should give today.

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2. Did you bring your cat's food for his/her stay with us? Yes \_\_\_\_ No \_\_\_\_

How much do you feed your cat?

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If you did not bring food, what do you normally feed your cat?

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How many times a day do you feed your cat?

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