

Mesilla Valley Pet Resort, LLC

Pet Information

Arrival Date ___/___/___

Departure Date ___/___/___

Client Name: _____

Cats Name: _____ Breed: _____

Age: _____ Birthdate: ___/___/___ Sex: _____ Neutered / Spayed Weight: _____ Color: _____

Veterinarian: _____ Phone: _____

Feeding Instructions

Name of food: _____ Amount: _____ Morning Afternoon Evening

Last feeding date & time: _____

Medical Information

To prevent the spread of disease while your pet is in our care, cats must be current on Rabies , FVRCP, and Leukemia at least five days prior to being boarded. It is the responsibility of the owner to provide proof of vaccination from your veterinarian.

Vaccinations

Rabies	FVRCP	Leukemia

MEDICATIONS

Name of Medication	Dosage/Quantity	Frequency	Last dose given by you

Special instructions for administering medication: _____

Has your cat ever had a seizure? yes / no If yes, date of last seizure: _____

Has your cat been ill in the last thirty days? yes no

If yes, please explain: _____

I HEREBY CERTIFY THAT MY PET IS HEALTHY AND FREE FROM ANY ILLNESS. If recently in veterinary care, a signed release must accompany pet from your veterinarian stating that your pet is certified for boarding. If pet shows sign of non-recorded illness at the time of boarding, then your pet may not be accepted for boarding (INITIALS) _____

MEDICAL ILLNESS POLICY

As the owner of the pet named above, I understand that Mesilla Valley Pet Resort, LLC, its employees, officers, directors and agents will exercise due care and diligence to protect the health and safety of my pet while in their care. In the event my pet becomes ill or sustains an injury, I agree to have Mesilla Valley Pet Resort, LLC call the emergency contact at the number previously listed regarding my pet's symptoms and treatment options. However, if I as the owner or authorized agent can not be reached, I agree to and consent to the Veterinarian retained by Mesilla Valley Pet Resort, LLC to render care for my pet and agree to full payment of all fees for such medical care. (INITIALS) _____

I hereby authorize the following person(s) to act as my agents(s) should the need for medical care arise during my pet's stay at Mesilla Valley Pet Resort, LLC and I am unable to be reached. I also consent to the veterinarian retained to render care for my pet to release all medical information to Mesilla Valley Pet Resort, LLC, including but not limited to vaccination information, medical care, both past and present. I also understand that I shall be fully responsible for any and all medical care authorized by either myself or any authorized agent (Including Mesilla Valley Pet Resort) including any and all costs associated with such medical care:(INITIALS)_____. I hereby agree that I will pay for any and all medical costs incurred by such veterinarian for the care of my pet, up to and including costs of vaccinations, office visits, sutures should they be required, x-rays, medications, and any and all other unforeseen medical costs. (INITIALS) _____

Signature of Owner

Phone: _____

Emergency Contact