

Animal Care Veterinary Hospital
502 McMillan Lane
Greenville, NC 27834
252-758-9971

Account #: _____

Diabetic Feline Boarding Registration

Reservation Dates: _____ to _____

Client's Name: _____

Emergency Contact/Phone: _____

Patient's Name: _____

Toys/Personal Belongings: _____

Does your cat have any behavioral or medical problems we should be aware of?

Diet – Please select one. List name of food if using own.

Use In-House Kennel Food (Purina) _____ Own Food _____

Did your pet eat before arriving? Yes _____ No _____

For your pet's protection, all vaccines must be current. For any cats that stay at any Animal Care Veterinary Hospital location, we require written proof, or phone confirmation from your referring veterinarian, of vaccinations, including Rabies and FVRCP. If you are unable to provide proof of these vaccinations, a doctor will provide a comprehensive physical exam and appropriate vaccines, which are your financial obligation. Your pet must be free of any ticks and fleas; otherwise we will treat your pet at your expense.

Important: *If my cat has a serious illness or injury, and in the event such illness or injury becomes critical during my absence, I want the doctors and medical team of Animal Care Veterinary Hospital to:*

Resuscitate My Cat _____ **Do Not Resuscitate My Cat** _____

Or Not to Exceed \$ _____ **in hospital care.**

Owner's Signature _____ Date: _____

Regular Boarding includes: Heated and air conditioned units

TLC Package: Your cat will enjoy all the comforts of our regular boarding plus a private 10 to 20 minute play session each day, a snuggly blanket, and a morning and afternoon treat (not appropriate for cats on therapeutic diets). You will also receive a report card about your cat's activities and adventures when you pick up your animal. This package is an additional \$5.00 per day.

I choose *Regular Boarding* _____ I choose the *TLC Package* _____

Personal Belongings: I understand that if I leave any personal belongings with my pet (example: toys, bedding, blankets, etc.) and my pet ingests, chews, or destroys it, it is my financial responsibility. I also understand the hospital is not responsible for any personal belongings that are left and are damaged for any reason.

Owner Initials: _____

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Medical & Medications Questions

Did your pet have their insulin dose today? _____
If yes, what time? _____

Did your pet eat today? _____
If yes, what time? _____
What did your pet eat today? _____
How much? _____

Has your pet's eating habits changed recently or is your pet showing any signs of illness? _____
If yes, please explain. _____

How many units of insulin is your pet currently taking? **AM** _____ **PM** _____

Has your pet's urination: Increased? _____
 Decreased? _____
 Same: _____

Has your pet's water intake: Increased? _____
 Decreased? _____
 Same: _____

In the event your pet is not eating, drinking, urinating, or is not feeling well, I give permission for the doctor on duty to check my pet's glucose levels and medically treat the condition. The doctor will attempt to call you with the results and update you on your pet's condition. **Owner's Initials** _____

Owner's Signature _____ Date: _____