

Lincoln Avenue Cat Hospital 133 Lincoln Avenue Fair Lawn, New Jersey

Boarding Admission Form

Date Admitted: _____

Date of Departure: _____

Staff Member Admitting: _____

Person to call in case of
Emergency while boarding:

Name: _____

Phone: _____

Owner: _____

Address: _____

Phone: _____

****Cats Are Released ONLY During
Regular Hospital Hours****

1. Cats Name: _____

Breed: _____

Color: _____

Age: _____

Sex: _____

Medical Services while in the hospital:

_____ Exam

_____ Distemper vaccine

_____ Rabies Vaccine

_____ Leukemia Vaccine

_____ Fecal Test

_____ Deworming

_____ FELV/FIV Test

_____ Bath

_____ Flea Dip

_____ Grooming

_____ Pedicure

_____ Urinalysis

_____ Dental

_____ Annual TBF for cats 5 years and older

While in hospital please check _____

I authorize the Lincoln Avenue Cat Hospital to do whatever is necessary should an emergency medical or surgical situation arise. I agree to pay all charges incurred as a result of emergency treatment undertaken. I understand that my cat **MUST** be current on ALL vaccines required at the time of admission. If my cat is not current on the required vaccines I authorize vaccinations to be given upon admission and agree to pay all fees for vaccinations and examinations prior to vaccinations, as required by standard hospital procedure. If my cat is found to have either internal or external parasites I authorize treatment upon entry to the hospital and understand that normal fees for these procedures will be added to my account. I understand that Lincoln Avenue Cat Hospital does not provide continuous overnight attended supervision.

Boarding Fee per day: \$ _____

Signed: _____

◇ \$19.00 with own food

◇ \$21.00 without own food

◇ \$24.00 with meds/special diet

