

KLAHANIE CENTER VETERINARY HOSPITAL  
FELINE BOARDING CONTRACT

Pet's Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Last Flea treatment given: \_\_\_\_\_ Last Fecal \_\_\_\_\_ Results \_\_\_\_\_  
(If no flea treatment has been given KCVH will give Capstar at an additional charge)

Vaccinations Current: Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ FELV \_\_\_\_\_

Equipment/Supplies with pet: \_\_\_\_\_  
\_\_\_\_\_

**Klahanie Center Veterinary Hospital (KCVH) agrees to:**

- Exercise reasonable care to keep kennel premises sanitary and properly enclosed
- To feed animal properly and regularly
- To house it in clean, parasite free, safe quarters and to keep animal on premises unless owner gives consent
- Notify owner if the animal becomes seriously ill. If owner is not readily available or if the state of animal's health reasonably demands quick action, necessary stabilizing care will be provided until animal is recovered or owner makes contact to discuss further care.

**Note: Animal is considered abandoned** if not picked up within 10 days of arranged date and KCVH may dispose of the animal at its discretion, to include selling animal for the best price available for any boarding, training, medicine charges or veterinary services. KCVH will notify owner in writing by registered mail of such intended sale not less than ten days before date of sale and give any excess amount over charges to owner. Owner agrees to pay deficiencies if animal is sold by KCVH as outlined above and sale price does not cover expenses.

**Owner agrees to:**

- Pay all expenses at time of pickup. Your daily rate will be \$25.00 per animal.
- Pay all expenses (which are in reasonable amount) for any veterinary services required by the animal as outlined above.
- Represent that he/she is the legal owner of the animal and that animal has not been exposed to distemper, feline leukemia, FIV, rabies within the last thirty days. All vaccinations are current and internal parasite control medication is current or a negative fecal within 30 days (outdoor cats).
- Represent that this animal is not known to be aggressive to people and does not constitute a physical risk to care givers. In the event that this animal becomes a menace to personnel because of aggressiveness or fear, approve medication as needed to control behavior.

Y/N I authorize KCVH to update necessary vaccinations

Y/N I authorize KCVH to perform fecal analysis

Y/N I authorize any tests and treatments deemed necessary by KCVH until I am in contact and \_\_\_\_\_ decide otherwise.

Feeding Instructions: \_\_\_\_\_

Other services requested: (additional charges will be incurred) \_\_\_\_\_  
\_\_\_\_\_

Date animal will be picked up: \_\_\_\_\_

I can be reached at: \_\_\_\_\_

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_