



**COLLEGE STATION  
CAT CLINIC**

Boarding Agreement for:

**Complete, Compassionate Care for Cats**  
1010 College Avenue Wheaton, Illinois 60187  
Telephone 630.690.4949 Fax 630.690.8323  
[www.collegestationcat.com](http://www.collegestationcat.com)

**Cat's Name** Click or tap here to enter text.

**Last Name** Click or tap here to enter text.

**Drop off date:** Click or tap to enter a date.

**Time:** Hour : Minute AM/ PM

**Pick up date:** Click or tap to enter a date.

**Time:** Hour : Minute AM/ PM

(Please notify us if your plans change)

**Emergency Number(s)**

1) (     ) -

2) (     ) -

**Food (Please bring your cat's regular diet)**

**Quantity**

**Frequency**

Click or tap here to enter text.

Click or tap here to enter text.

**Medication (bring medication in original prescription bottle)**

**Instructions**

**When is next dose due?**

Click or tap to enter a date. Hour :  
Minute AM/ PM

Click or tap to enter a date. Hour :  
Minute AM/ PM

Click or tap to enter a date. Hour :  
Minute AM/ PM

Click or tap to enter a date. Hour :  
Minute AM/ PM

**List items brought in and to be returned at pick up:**

Boarding Agreement for: Cat's Name                      Last Name

### ***Services Requested***

- Dental Services +/- Extractions
- Annual exam and Vaccinations.
- Nail trim
- Exam and Consultation on specific problem: [Click or tap here to enter text.](#)

**Please fill out a complete history form.**

- Other: [Click or tap here to enter text.](#)

### ***Owner Release***

To the best of my knowledge, my cat is healthy and free of contagious and/or infectious diseases. If upon exam my cat is found to harbor FLEAS or other contagious diseases, <he> will be treated immediately and isolated until the problem has been completely resolved. I will be responsible for the expense of the treatment.

**Flea treatment used** [Click or tap here to enter text.](#)      **Date last dose given:** [Click or tap to enter a date.](#)

**For boarding at College Station Cat Clinic, it is required that your cat be up to date on rabies and distemper vaccinations and have had a negative stool check within one year. (Feline leukemia vaccination is optional).**

I understand that in the event of my cat's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options. In the event I cannot be reached, College Station Cat Clinic is authorized to initiate appropriate treatment until my agent or I can be contacted.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel will not be provided during these hours.

I agree that either I, or an authorized agent of mine, will pick up my cat and pay for all accrued charges on the specified date. I agree that if I fail to pick up my cat within 7 days of above date, the College Station Cat Clinic may handle this abandonment in the best interests of my cat and the hospital.

I have received and read the College Station Cat Clinic Boarding Rules documents.

**Signed** [Click or tap to sign electronically.](#)

**Date:** [Click or tap to enter a date.](#)

(Owner or duly authorized agent)

**CSCC Boarding Agreement Photo Clause**

We may take photos of your cat(s) to update you during their stay. Please check if you'd like this communication via text or e-mail.

SMS Text Message (Message and data rates may apply)

Cell # ( \_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I DO NOT elect for photos to be taken during my cat(s)' stay.