



**Condo Admission Form**

Client name: \_\_\_\_\_ Pet's name: \_\_\_\_\_ Client #: \_\_\_\_\_  
Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

For your pet's protection, all vaccines must be current. If not, treatment will be done and fees will apply. Please provide proof of vaccination if not administered at the Victoria Veterinary Clinic.

Our deluxe accommodations include an airy and spacious suite complete with different levels to perch on and a cat house for quiet time. We also include maid service twice a day and access to the playroom where they can play with toys or just lounge on the chair in front the fish tank.

**Feeding Schedule**

Dry Food \_\_\_\_\_ Amount fed in AM \_\_\_\_\_ PM \_\_\_\_\_ Last Fed \_\_\_\_\_  
Can Food \_\_\_\_\_ Amount fed in AM \_\_\_\_\_ PM \_\_\_\_\_ Last Fed \_\_\_\_\_  
Treats \_\_\_\_\_ Amount fed in AM \_\_\_\_\_ PM \_\_\_\_\_ Last Fed \_\_\_\_\_

**Medication Schedule**

Medical condition(s) \_\_\_\_\_  
Medication A \_\_\_\_\_ Amount given in AM \_\_\_\_\_ PM \_\_\_\_\_ Last given \_\_\_\_\_  
Medication B \_\_\_\_\_ Amount given in AM \_\_\_\_\_ PM \_\_\_\_\_ Last given \_\_\_\_\_  
Medication C \_\_\_\_\_ Amount given in AM \_\_\_\_\_ PM \_\_\_\_\_ Last given \_\_\_\_\_

\*Additional fees may apply if medications are needed.

Articles that you brought \_\_\_\_\_  
Additional information or comments \_\_\_\_\_

**Daily Rates**

- Standard Condo \$16.80 per day Rate for one cat
- Luxury Condo \$21.50 per day Rate for one cat
- Medications/Raw Diet \$4.40 per day Rate for one cat
- Each Additional Cat Sharing a Condo \$10.10 per day Rate for one cat

**Grooming**

- Pedicure \$12.50 per cat Rate for one cat
- Pedicure with Soft Paws (Soft paws sold separately) \$24.00 per cat Rate for one cat

**Emergency Contact**

In case of an emergency with your pet while boarding at our hospital, please provide us with an emergency contact telephone number or email.

Name: \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_ Call or Text (circle one)  
Email \_\_\_\_\_

Provide the name of person picking up or coming to visit if other than yourself \_\_\_\_\_

**\*\*If my cat requires Doctor's attention, I give permission for the following:**

Provide treatment Yes \_\_\_ No \_\_\_ Up to \$ \_\_\_\_\_ OR Call the emergency contact listed above

Preferred Veterinarian \_\_\_\_\_

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