



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, vaccines will be done and fees will be applied. 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 of 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 \$17.00 per day Rate for one cat
- Luxury Condo \$22.10 per day Rate for one cat
- Each Additional Cat Sharing a Condo \$10.30 per day Rate for one cat
- Medications (oral/topical)/Raw Diet \$4.40 per day Rate for one cat

Grooming

- Pedicure \$12.90 per cat Rate for one cat
- Pedicure with Soft Paws (Soft paws sold separately) \$24.90 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 _____