Victoria Veterinary Clinic

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

Brand of Dry Food_____ Amount fed in AM_____ PM_____ Last Fed_____

Brand of Can Food_____ Amount fed in AM_____ PM_____ Last Fed_____

Brand of 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_____

*Additional fees will apply if medications are needed.

Articles that you brought_____

Additional information or comments_____

Daily Rates

O Standard Condo $24.00 per day   Rate for one cat

O Luxury Condo $32.00 per day   Rate for one cat

O Each Additional Cat Sharing a Condo $13.90 per day   Rate for one cat

O Medications (oral/topical)/Raw Diet $5.00 per day   Rate for one cat

Additional Options

O Pedicure $14.20 per cat   Rate for one cat

O Feliway Diffuser (placed in condo to provide your cat with $2.50 per day
   extra calming comfort).

Please provide a contact person(s) in case of an emergency or any questions regarding your pet while boarding. This can be yourself, a friend or family member.

Contact Person

Name: _____

Phone Number(s) _____Call or Text (circle one)

Email_____

Provide the name of person picking up or coming to visit your pet 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_____