

236 N. Water Street
Milwaukee, WI 53202



414-272-CATS (2287)

Authorization for Boarding

Last Name _____ First Name _____

Cat's Name _____ Date dropped off _____

_____ Date to be picked up _____

Playtime : _____ Daily Food: _____ Medication: _____ a.m.

_____ X weekly _____ p.m.

I hereby authorize The Cat Doctor, S.C. to provide food and lodging for the cat or cats named above, for the time stated on this form. If any unforeseen condition arises calling for medical care and/or surgical procedures, in the attending veterinarians judgement, attempts will be made to reach me at the number(s) listed below. If I am unable to be reached, I further authorize the doctor to provide whatever care is deemed advisable, up to \$_____.

Charges for boarding are based on the calendar day.

Cats will be released ONLY during regular clinic hours. NO exceptions will be made.

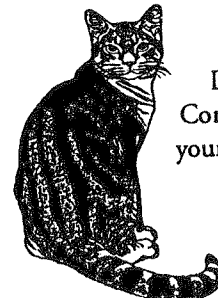
Cats not picked up within a reasonable period of time after expiration of this authorization form will be handled in accordance with the regulations and laws of the City of Milwaukee, Milwaukee County and the State of Wisconsin in regards to animal abandonment.

I hereby certify that I have read and fully understand the above authorization for boarding, and any unforeseen conditions, and the reasons why these procedures may be necessary. I assume financial responsibility for all charges incurred to the above named cat(s) and agree to pay all such charges incurred at the time of release of said cat(s).

_____ signature of Owner/Agent

Telephone numbers where you can be reached while cat is boarding

_____ witness for The Cat Doctor, S.C.



Devoted to the Complete Care of your Feline Friend