



**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**

- Standard Condo \$18.60 per day Rate for one cat
- Luxury Condo \$23.30 per day Rate for one cat
- Each Additional Cat Sharing a Condo \$12.60 per day Rate for one cat
- Medications (oral/topical)/Raw Diet \$4.90 per day Rate for one cat

**Additional Options**

- Pedicure \$13.90 per cat Rate for one cat
- Pedicure with Soft Paws (Soft paws sold separately) \$31.00 per cat Rate for one cat
- Feliway diffuser placed in condo to provide your cat with extra calming comfort. \$2.40 per day

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 \_\_\_  
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 \_\_\_\_\_