



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

<input type="radio"/> Standard Condo	\$18.60 per day	Rate for one cat
<input type="radio"/> Luxury Condo	\$23.30 per day	Rate for one cat
<input type="radio"/> Each Additional Cat Sharing a Condo	\$12.60 per day	Rate for one cat
<input type="radio"/> Medications (oral/topical)/Raw Diet	\$4.90 per day	Rate for one cat

Additional Options

<input type="radio"/> Pedicure	\$13.90 per cat	Rate for one cat
<input type="radio"/> Pedicure with Soft Paws (Soft paws sold separately)	\$31.00 per cat	Rate for one cat
<input type="radio"/> 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 (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 _____