DIABETIC ACCOMMODATION **VACC CURRENT_____**

Northern Illinois Cat Clinic, P.C.

Rebecca J. Schmidt, D.V.M.
James M. Schmidt, D.V.M.
A. Michelle Miller, D.V.M.

295 Peterson Road
Libertyville, IL 60048
(847) 680-1770

ATTENTION

All cats entering the Cat Clinic for Boarding must be free of contagious problems (fleas, URI, ringworm, etc.) and must be current on vaccinations. If fleas are found, a flea bath may be given and Advantage or Frontline will be applied. If any other contagious problem is present, boarding may not be allowed, depending on the circumstances.

Your cat may be picked up between 10:00 am and 6:00 pm.
Please note the time your cat will be going home.

_____	_____	_____	_____
Cat's name	Owner's name	Date of Arrival	Date & Time Going Home

_____
Phone # (while you are away)

Daily accommodation fee: $53.00 (includes current medications and Insulin injections). Fluids, injections, etc., other than Insulin are additional.

We need the following information to care for your cat's special needs:

What brand of food is your cat eating? DRY_____
CAN_____

How often do you feed your cat? _____

How much? _____

Medication & Strength	A.M.	P.M.	Other	Medication & Strength	A.M.	P.M.	Other

Have you given any medications today? What time? Please List: _____
_____

Are any **special procedures** being done while your cat is here? _____

Please list items left with your cat (toys, bedding, etc.). Remember there is a chance of loss or damage to these items so they should not be favorites or at least replaceable. _____
_____

I give Dr. Rebecca Schmidt, Dr. A. Michelle Miller and staff permission to treat any medical or surgical emergency that may arise while _____ is in their care. This permission will extend to doctors and staff of All Creatures Emergency in Dr. Schmidt's or Dr. Miller's absence.

Signature: _____