

ACCOMMODATION *Northern Illinois Cat Clinic, P.C.*

PLEASE READ

We are happy to have your feline friend as a guest. While staying with us your kitty will receive gourmet meals, fresh bottled water, a comfy cozy bed, and plenty of pampering

Cat's name Owner's name Date of Arrival Date & Time Going Home
M-F 8-6 Sat 8-3:30

Phone # (where you can be reached) **Daily accommodation: \$27.51**
Deluxe condominium accommodation: \$36.61
(Includes current medications). Fluids, injections, etc. are additional.

Please help us with the following information to care for your cat's special needs:

What brand of food is your cat eating? **DRY** _____ **CAN** _____

Amount you feed your cat? _____

How often?*** _____

*****We feed twice daily. There will be an additional charge for extra feeding requests.**

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.). _____

I give Dr. Rebecca Schmidt, Dr. A. Michelle Miller and staff permission to treat any medical or surgical condition that may arise while _____ is in their care. This permission will extend to doctors and staff of Animal Emergency and Critical Care (Buffalo Grove) and Animal Emergency and Treatment Center (Grayslake) in Dr. Schmidt's or Dr. Miller's absence.

Signature: _____