**Fraser Valley Animal Hospital – Cat Nap Inn**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Care Waiver- Please Read Before Signing**

By signing this form, I understand that my pet has a confirmed diagnosis by a veterinarian. An examination by the doctors at Fraser Valley Animal Hospital along with additional medications and/or treatments may be required to maintain the health of my pet while staying at the Cat Nap Inn. I understand that due to my pet’s medical condition, they may be more fragile and therefor require more in-depth care and consideration.

Below is a list of common treatments and their **approximate cost** that a veterinarian may recommend during my pets stay:

* Mirtazapine: $14 - $25 per treatment (for inappetence)
* Cerenia: $23 - $28 per treatment (for vomiting)
* Assisted Feeding: $16 per treatment (if not eating)
* Cisapride: $13 - $19 per treatment (for constipation)
* Lactulose: $13 - $17 per treatment (for constipation)
* Gabapentin: $14 - $32 per treatment (for stress)
* Blood Glucose: $22 per collection/test
* Doctor’s exam: $86

By signing this form, I understand that the care my pet will require will be over and above the standard care of a boarding pet. Due to my pet’s diagnosis, there may be an inherent urgency to the care required. Staff/Veterinarians will make reasonable effort to contact me if the above care is required. If I am unable to be reached, I give my permission for the veterinarians to proceed with medical care as they see fit. The costs of any medications/treatments will be my financial responsibility.

**Veterinary Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**