



Boarding Admission Form

Last Name File# Vaccination needed YES NO
Pet's Name Bath on release YES NO
Emergency Ph# Grooming date YES NO
Admission Date Weight LBS
Pick up Date and Time Fleas/Ticks YES NO
Entered by checked by:

Vaccinations given elsewhere at this facility:
Verified and recorded by:

Medications to be given while boarding: Items brought in w/Pet
1. AM AFT PM 1.
2. AM AFT PM 2.
3. AM AFT PM 3.

Feeding Schedule: 1Xdaily AM PM 2X daily other
Owner brought food. The food is:

While in hospital, please have the Doctor check/perform the following:

Boarding Policies

These policies have been put in place for the protection, comfort, and health of your pet as well as the other pets in the hospital. If any of the following procedures need to be performed, our standard fee will be charged. Thank you for your help and cooperation in providing quality care for your pet.

- 1. All pets must have current vaccinations against the common contagious diseases. This includes: Distemper, Bordetella, and Rabies and a negative stool sample.
2. All pets with fleas or ticks present must receive a flea treatment upon admission.
3. Charges for boarding are calculated on nights in the hospital.
4. There is an additional \$4.00 per day fee for administering oral medications and \$7.10 for injections given per day.
5. There may be an additional charge for difficult or dangerous pets.
6. HOLIDAY CHARGE: There will be an additional \$4.00 fee per pet on the actual day of the following holidays: New Years, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas to cover increased staff wages.
7. If your pet either comes in with or develops while here a common/minor health problem such as: diarrhea, vomiting, ear infection, or hot spot they will be treated and regular fees will incur.
8. We are not responsible for items brought in with pets. They may be washed, chewed, eaten or lost.

In case of an Emergency, if I cannot be contacted, I authorize Confederate Ridge Animal Hospital to proceed with reasonable emergency procedures, or I limit monetary value to. I agree to accept financial responsibility for those procedures or treatments deemed necessary.

Owner's Signature Date