**Confederate Ridge Animal Hospital**

**Boarding Admission Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PET’S NAME | | | | | | |  | | | | | | |
| LAST NAME | | | | | | |  | | | | | | |
| PATIENT ID NUMBER | | | | | | |  | | | | | | |
| EMERGENCY/CONTACT NUMBER | | | | | | |  | | | | | | |
| ADMISSION DATE | | | | | | |  | | | | | | |
| PICK UP DATE | | | | | | |  | | | | | | |
| ADDITIONAL SERVICES (all fees apply) | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | |
| FEEDING INSTRUCTIONS | | | | | | | 1 x | 2 x | 3 x | |  | | |
| AM | AFT | PM | | |  | | OWNER | | HOUSE | | | | |
| WEIGHT CHECKED BY: | | | | | | | FLEA/TICK CHECKED BY: | | | | | | |
| MEDICATIONS | | | AM | AFT | | PM | 1. | | | AM | | AFT | PM |
| 2. | | | AM | AFT | | PM | 3. | | | AM | | AFT | PM |
| 4. | | | AM | AFT | | PM | 5. | | | AM | | AFT | PM |
| 6. | | | AM | AFT | | PM | 7. | | | AM | | AFT | PM |
| 8. | | | AM | AFT | | PM | 9. | | | AM | | AFT | PM |
| ITEMS BROUGHT | | | | | | | 1. | | | | | | |
| 2. | | | | | | | 3. | | | | | | |
| 4. | | | | | | | 5. | | | | | | |
| 6. | | | | | | | 7. | | | | | | |
| 8. | | | | | | | 9. | | | | | | |

BOARDING POLICIES:

These policies have been put in place for the protection, comfort, and health of your pets and our team in the hospital. Thank you for your help and cooperation in providing quality care for your pet.

1. All pets must have current vaccinations in place at least 72 hours prior to boarding stay. We require Rabies, Distemper/Parvo, Bordetella, Flu and a negative stool sample within 1 year for all canines. Rabies and Distemper for all felines.
2. All pets with fleas or ticks present on arrival will be treated in hospital with a preventative that we see fit. This will be an additional charge at your expense.
3. There will be additional fees for medications administered. A daily (oral/topical) medication charge will be $5.00 per day. For any injections other than Insulin, the cost will be $8.25 per day.
4. There will be an additional $10.00 fee per pet on any of the following holidays: New Year’s Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Eve, and Christmas Day.
5. We are not responsible for items brought in with pets. They may be washed, chewed, eaten, or lost while boarding.
6. **Please check this box** if the above pet has no prior bite history to other pets or humans.
7. **Please check this box** if the above pet has never shown signs of aggression towards other pets and humans.
8. If your pet comes in with or develops while here a common/minor health problem such as: diarrhea, vomiting, ear infection, or hot spot. You will be called to discuss treatment options; your pet will be treated, and fees will occur. In case of emergency, and you cannot be reached at the above phone number, I authorize Confederate Ridge Animal Hospital to proceed with reasonable treatments up to the limit of:

|  |  |
| --- | --- |
| Amount | $ |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_