



CONFEDERATE RIDGE ANIMAL HOSPITAL

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: _____

Date most recent flea control was applied/given _____

Medications to be given while boarding:

1. _____ AM AFT PM
2. _____ AM AFT PM
3. _____ AM AFT PM

Items brought in w/Pet

1. _____
2. _____
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:

1. Vaccinations: Canine Distemper, Kennel Cough, Feline Distemper, Leukemia, Rabies
2. Heartworm Check
3. Nail Trim
4. Anal glands
5. Other, please specify _____

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 \$3.60 per day fee for administering oral medications and \$6.40 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 \$3.60 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.

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 _____