

BOARDING ADMISSION FORM

Patient: _____ Admission Date: ___/___/___ Departure Date: ___/___/___

All belongings left in boarding will not be returned!

Today's Date: ___/___/___ Admitted by: _____

Admission

- All boarding pets must have been given a "wellness" examination by a staff veterinarian within the last 12 months.
- All boarding pets must present written proof of current vaccinations (if vaccinated elsewhere).
- Note: Bordetella vaccinations must have been given within 6 months of boarding and no sooner than 14 days prior to boarding.
- Vaccinations & fecals which are not current **will be given on the day of check-in.**
- Animals presenting with fleas, ticks or evidence of contagious disease will be treated at the discretion of a staff veterinarian and the cost of treatment **will be added to the invoice.**
- Collars, toys and bedding should not be left with pets as they may be dangerous, lost or consumed.
- For the safety and consideration of all of our boarders, clients are not permitted inside the kennel.

Disclaimer

- All reasonable efforts will be made to prevent injury or escape of the pet. Westfield Veterinary Group & Wellness Center is not responsible for the actions of a pet that cause injury or escape.
- Occasionally during or soon after boarding, some pets will develop mild stress related illnesses such as diarrhea, vomiting or cough. In the unlikely event this occurs our veterinarians can provide appropriate medical attention and/or advice.

Discharge

- Pets must be picked up on scheduled discharge date.
- Pets may be picked up during normal hours of operation. **Between 8:30-1pm and 3:00-7 pm on weekdays and 8:30-1 pm on Saturdays.**
- Pets scheduled for baths or grooming must be picked up after 4pm.
- **Pets are not discharged from boarding on Sundays or holidays.**
- The invoice must be paid in full at the time of discharge from boarding.
- As per NJ regulations pets will be considered abandoned if not picked up within 7 days of the last day of the boarding reservation.
- If your pet is not picked up on scheduled departure date, a \$50.00 per night fee will be charged unless prior notification is given

In Case Of Emergency

- To ensure the health and safety of our boarders and staff, we reserve the right to have aggressive or dangerous pets removed from the boarding facility by the pet's owner, owner's agent, or emergency contact person. If the pet cannot be removed, we reserve the right to quarantine the pet and administer sedatives as needed.
- In the case of a medical emergency, I authorize a staff veterinarian to treat (perform diagnostic testing, treatments and surgeries) my pet as needed. I understand that Westfield Veterinary Group & Wellness Center will attempt to reach the designated emergency contact person in such a situation but that they cannot guarantee such contact. In the event that I can not be reached in an emergency situation, I agree to accept full financial responsibility for all charges related to the treatment of my pet..

Signature

Date

EMERGENCY CONTACT: _____

EMERGENCY PHONE NUMBER: _____

BOARDING ADMISSION FOR
*****Client Copy*****

Patient: _____ Admission Date: ___/___/___ Departure Date: ___/___/___

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Today's Date: ___/___/___ Admitted by: _____

Admission

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- All boarding pets must present written proof of current vaccinations (if vaccinated elsewhere).
- Note: Bordetella vaccinations must have been given within 6 months of boarding and no sooner than 10 days prior to boarding.
- Vaccinations & fecal which are not current **will be given on the day of check-in.**
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Signature

Date

EMERGENCY CONTACT: _____

EMERGENCY PHONE NUMBER: _____

Boarding Instructions for: _____

LAST DATE OF HEARTWORM MEDICATION: ___/___/___ FLEA MEDICATION: _____

HAS BEEN HEALTHY FOR THE PAST 24 HOURS? YES NO

1). Did you bring 's food?

NO YES If (Yes) NAME OF FOOD _____

2). Feeding instructions:

Quantity: _____ Frequency: _____ a day

Additional instructions: _____

3). Is 's on medication? Yes No

Drug name: _____ Quantity: _____ Frequency _____ a day

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FOR AN ADDITIONAL CHARGE WOULD YOU LIKE

4). to have a bath? Yes No Date: _____

5). to have a pedicure? Yes No Date: _____

6). to have anal expression? Yes No Date: _____

7). to have his/her ears cleaned? Yes No Date: _____

8). Is your pet having any other procedure while boarding? Yes No Describe: _____

9). Additional comments: _____

10). Visa/Mastercard number: _____ Exp Date: _____

(IF SOMEONE ELSE IS PICKING UP YOUR ANIMAL).

PLEASE LEAVE NAME OF INDIVIDUAL: _____

Client Signature: _____ Date: _____

REVIEWED BY: _____

Did your bring medications: Yes No (there will be a medication administration fee)