

Westfield Veterinary Group
BOARDING ADMISSION FORM

Pet's Name: _____ Your Name: _____

Admission Date: _____ Departure Date: _____

Today's Date: _____ Admitted by: _____

Admission

- All boarding pets must have been examined by a staff veterinarian prior to admittance.
- All boarding pets must present written proof of current vaccinations (if vaccinated elsewhere).
- Note: Bordetella vaccinations must have been given within 12 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 advise. Clients will be responsible for all fees associated with medical care during and after boarding.

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 3:00-6:00 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 can not 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..

EMERGENCY CONTACT: _____ EMERGENCY PHONE NUMBER: _____

Client's Signature

Date

EMAIL: _____ Scanned by: _____

Would you like to be emailed occasionally about your pet's status while they are with us? YES / NO (please circle one)

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** _____ **NAME OF FOOD** _____

2). Feeding instructions: **Quantity:** _____ **Frequency:** _____ a day

Additional instructions: _____

3). Is on medication? **Yes:** _____ **No:** _____ **Is diabetic? Yes:** _____ **No:** _____

Did you bring your own medication: Yes: _____ **No:** _____ (there will be a charge for medication administration)

Drug name: _____ **Quantity:** _____ **Frequency** _____ a day

Drug name: _____ **Quantity:** _____ **Frequency** _____ a day

Drug name: _____ **Quantity:** _____ **Frequency** _____ a day

FOR AN ADDITIONAL CHARGE WOULD YOU LIKE

(There will also be a tech charge applied to these services)

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:** _____

SPECIAL NEEDS: _____

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: _____

Scanned by: _____

For in house use: CSR and Kennel attendants initial and check indicating you have reviewed and scheduled accordingly.

CSR performing check-in _____ Verified feeding instructions _____ Patient isn't diabetic or on CD's* _____ Scheduled appt. for services** _____

Kennel attend. verification _____ Verified feeding instructions _____ Patient isn't diabetic or on CD's* _____ Scheduled appt. for services** _____

Comments: _____

* CD (diazepam, Phenobarbital, Torbutrol, Torbugesic, Lomotil ect...)

*** services include tech. appt, Dr. visit and bath*

Scanned by _____