



Ridgewood Veterinary Hospital Canine Boarding Admissions Form

Staff Use Only- Initials	
CCR	_____
MED	_____

Owner's Name: _____ Pet's Name _____

Reservation Dates From: _____ to: _____

Approximate time you would like to pick up your pet: ____:____ A.M./P.M. (Please call first)

Phone numbers where you can be reached:

Primary: _____ Secondary: _____

Emergency Contact/Phone: _____

For your pet's protection, all vaccines must be current. **Rabies, Distemper, Bordetella, Canine Influenza (both strains), and Leptospirosis are required.** Your pet must be free of internal and external parasites. **A fecal test is required every 6 months**, and your pet must be on a flea preventative while boarding. *If vaccinations or treatments for parasites must be performed, usual and customary fees will apply.*

My dog is due for the following vaccines/laboratory testing (Comprehensive physical exam required every 6 months and with vaccines):

- | | |
|--|---|
| <input type="checkbox"/> DHP/CPV (Distemper/Parvo)** | <input type="checkbox"/> Leptospirosis** |
| <input type="checkbox"/> RV (Rabies)** | <input type="checkbox"/> Lyme |
| <input type="checkbox"/> Bordetella** | <input type="checkbox"/> Heartworm/Lyme/Ehrlichia/Anaplasmosis Testing |
| <input type="checkbox"/> Canine Influenza Virus (H3N8)** | <input type="checkbox"/> Comprehensive Physical Exam (required with vaccines) |
| <input type="checkbox"/> Canine Influenza Virus (H3N2)** | |
| <input type="checkbox"/> Fecal Test** | |

**Required vaccines to stay at the Ridgewood Veterinary Hospital*

EXAMS: Please have the doctor examine my dog for (Normal practice fees apply):

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> General physical examination | <input type="checkbox"/> Mouth | <input type="checkbox"/> Routine or specific bloodwork |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Legs/Paw | <input type="checkbox"/> Weight/Nutritional consultation |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Skin/Fur | <input type="checkbox"/> Other _____ |

Please indicate if you have a preference of doctors: _____

ADDITIONAL "SPECIAL" SERVICES AVAILABLE FOR YOUR PET – Please check for "Yes"

Please inquire with the receptionist at the time you bring in your pet to visit with us for fees.

- | | | | |
|--|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Clean Ears | <input type="checkbox"/> Clean Eyes | <input type="checkbox"/> Clip Nails | <input type="checkbox"/> Bath (complimentary if 4 nights or more) |
| <input type="checkbox"/> Complimentary cot/blanket | <input type="checkbox"/> Other _____ | | |

FOOD – Current Diet:

Food Type: _____ Amount: _____ Feed at: AM Noon PM All Day

I have supplied food for my pet's stay: Yes No* Refill As Needed

**If no, your pet will be fed Royal Canin GI (adults) or Hill's Healthy Advantage Puppy Diet (under 1 year). This does not include any prescription diets. If on a prescription diet, we require the food to be dispensed if it is not provided. Normal fees apply.*

Special preparation of food (i.e. add water): _____

Food allergies or special dietary/nutritional needs: _____

May we give treats to your dog? Yes/Daily Maximum _____ No (due to allergies/weight loss/etc)

Does/Is your dog: (please check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Have vision problems | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Have difficulty walking | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Prone to eating non-food items | <input type="checkbox"/> Nervous around other animals | | |
| <input type="checkbox"/> Like to be brushed | <input type="checkbox"/> Prefer females | <input type="checkbox"/> Prefer males | <input type="checkbox"/> Have favorite phrases (write below) |

Additional notes:

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Monthly Heartworm Preventative Due On (day of month): _____ Supplied Refill Needed

My dog is on the following medications: (Please bring in original containers with pharmacy labels on them. If medication is not supplied, a dispensing fee will be charged. If your pet has more than 4 medications, please ask for an additional form.)

1. Medication _____ Concentration/Strength _____
Current Frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____
2. Medication _____ Concentration/Strength _____
Current Frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____
3. Medication _____ Concentration/Strength _____
Current Frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____
4. Medication _____ Concentration/Strength _____
Current Frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____

Diabetic Pets Only:

Current Insulin Type _____ Syringe Type _____

Current Dose: I give ____ units in the AM & ____ units in the PM. I gave the last does of insulin at (time/date): _____

Minimum Boarding Rates include:

- Climate controlled for heat/air conditioning.
- Radiant heat in half of flooring so that pets can choose whether they want to be cool or warm.
- Air filtration system for pets with allergies.
- Royal Canin GI will be provided for adults and Hill's Healthy Advantage Puppy Diet for those under one year (or owner provided food); pets are weighed daily for health maintenance.
- Fresh water available at all times.
- Pets are weighed daily for health maintenance
- Exercise provided 3-4 times a day.
- Elevated beds in each run.
- Pet's quarters cleaned and sanitized regularly, or as needed.
- Veterinarians and a caring, skilled staff on the premises.
- Lots of love and attention.

We understand your time is valuable, and in an effort to help ensure your pet's release procedures are handled as quickly and efficiently as possible, we ask the following:

1. Please call our office prior to picking up your dog on the day he/she is due to return home.
2. Please arrange to have your pet dropped off or picked up after 9:00am and a minimum of ½ hour prior to closing.
3. All fees are due upon the release of your dog.

Office Hours:

SUN-MON-FRI-SAT 8:00AM-5:00PM TUES-WED-THURS 8:00AM-9:00PM

I hereby give Ridgewood Veterinary Hospital permission to perform all treatments of a medical nature that cannot await my return to insure the health of my dog in my absence. I understand that if a technician or veterinarian observes any irregularities in my dog's condition or behavior, a veterinarian will examine my dog and a fee will be charged for this service. I understand that the Ridgewood Veterinary Hospital does everything possible to insure a safe environment for my dog, including vaccination against all known pathogens that might be encountered in a boarding facility for which a vaccination exists. If an occasional "bug" spreads just as it may in a school environment for children, I acknowledge that these are circumstances beyond the hospital's control, and I understand that any associated fees for treatment are my responsibility, unless there is a break in a vaccine that my pet received at the Ridgewood Veterinary Hospital, in which case the vaccine manufacturer will pay the fees. I also give Ridgewood Veterinary Hospital permission to transport my dog from one office to another as needed for health or comfort.

Owner's signature _____ Date _____

"Hands That Heal. Hearts That Care."