



# Ridgewood Veterinary Hospital Canine Boarding Admissions Form

**Staff Use Only- Initials**  
CSR \_\_\_\_\_  
AWA \_\_\_\_\_

Owners Name \_\_\_\_\_ Date \_\_\_\_\_  
Pet's Name \_\_\_\_\_  
Date and approximate time you would like to pick up you pet. \_\_\_\_\_  
Phone number where you can be reached \_\_\_\_\_  
In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

For your pet's protection, all vaccines must be current. Bordetella, DHP/CPV, and Rabies 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.* The hospital is not responsible for any personal belongings left with your pet.

### Minimum boarding Rates Include:

- Feeding Hill's Science Diet (or owner provided food).
- Fresh water available at all times.
- Pet's quarters cleaned and sanitized at least twice a day.
- Exercise provided 3-4 times a day.
- Elevated beds for elderly pets

### ADDITIONAL "SPECIAL" SERVICES AVAILABLE FOR YOUR PET

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

- Clip nails
- Bath
- THE WHOLE DOG: A professional grooming facility (owned by RVH) is available for professional grooming services. RVH will provide safe transportation to and from The Whole Dog if you would like your dog groomed.
  - Yes, please groom my dog while I am away
  - Specific grooming instructions (long, short, etc.) \_\_\_\_\_
- Clean ears
- Brush daily
- Clean eyes
- Other \_\_\_\_\_

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

- General physical examination
- Eyes
- Ears
- Mouth
- Legs/Paw
- Skin/Fur
- Routine or specific bloodwork
- Weight/Nutritional consultation
- Other \_\_\_\_\_

### My dog is due for the following vaccines/laboratory testing:

- DHP/CPV
- RV (Rabies)
- Bordatella
- Fecal Test
- Leptospirosis
- Lymes
- Heartworm/Lymes/Erlichia/Anaplasmosis Testing

My dog is on the following medications: (If not supplied, a dispensing fee will be charged)

1. \_\_\_\_\_ amount \_\_\_\_\_  AM  Noon  PM I gave last pill at (time): \_\_\_\_\_
2. \_\_\_\_\_ amount \_\_\_\_\_  AM  Noon  PM I gave last pill at (time): \_\_\_\_\_
3. \_\_\_\_\_ amount \_\_\_\_\_  AM  Noon  PM I gave last pill at (time): \_\_\_\_\_

Monthly heartworm preventative due on (day of month): \_\_\_\_\_

At home, I medicate my dog by:  Direct pilling  Hiding pill in food

Diet: I have supplied food for my pet's stay:  YES  NO

Food type: \_\_\_\_\_ amount: \_\_\_\_\_  AM  Noon  PM  All Day

Food allergies or special dietary/nutritional needs: \_\_\_\_\_

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

May we give treats to your dog?  Yes/Daily Maximum \_\_\_\_\_  No

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

**"Hands That Heal Hearts That Care"**

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- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Have vision problems         | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Have difficulty walking |
| <input type="checkbox"/> Like to be brushed           | <input type="checkbox"/> Prefer females  |  |
| <input type="checkbox"/> Nervous around other animals | <input type="checkbox"/> Diabetic        |  |

**Additional notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your time is valuable and your dog is anxious to see you. We want to ensure that your pet's release procedures are handled as quickly and efficiently as possible, and to confirm all arrangements:

**Please call our office** prior to picking up your dog on the day he/she is due to return home.

For the well being of your dog and our patients, we must adhere to the following pick-up schedule:

**All drop-offs and pick-ups are after 9:00 am on weekdays and during regular business hours on weekends.**

*All fees are due upon the release of your dog.*

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 would like the following doctor to be my PRIMARY veterinarian when in attendance:

- \_\_\_ DR. CERF
- \_\_\_ DR. HEALEY
- \_\_\_ DR. TRAVIS CERF
- \_\_\_ DR. HARTWICK
- \_\_\_ DR. ECHOLS
- \_\_\_ DR. STANCEL
- \_\_\_ No Preference

I would like the following doctor to be my SECONDARY veterinarian when in attendance:

- \_\_\_ DR. CERF
- \_\_\_ DR. HEALEY
- \_\_\_ DR. TRAVIS CERF
- \_\_\_ DR. HARTWICK
- \_\_\_ DR. ECHOLS
- \_\_\_ DR. STANCEL
- \_\_\_ No Preference

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

If any further diagnostic procedures, treatment or care is warranted that is not an emergency, (such as ear infections, skin infections, etc) please choose one of the following:

\_\_\_\_\_ Please call me if the fees exceed the amount of \_\_\_\_\_ dollars (in addition to the original estimate)

\_\_\_\_\_ There is no need to call me about fees. Fees may exceed the original estimate amount.

\_\_\_\_\_ Please do not exceed the estimate by any amount. (This does not apply in emergency situations where care of your pet cannot await your return.)

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

*The Ridgewood Veterinary Hospital staff thanks you for entrusting us with your dog's care.*

*We look forward to doing all we can to ensure that your dog's stay is a happy one.*

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