



Ridgewood Veterinary Hospital Exotic Boarding Admissions Form

Staff Use Only- Initials
CSR _____
AWA _____



Owners Name _____ Date _____
Pet's Name _____ Species _____
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. Your pet must be free of internal and external parasites. A fecal test is required every 6 months. *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:

- Special Diet (or owner provided food).
- Fresh water available at all times.
- Pet's quarters cleaned and sanitized at least twice a day.

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.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Clip nails | <input type="checkbox"/> Clean ears | <input type="checkbox"/> Clean eyes |
| <input type="checkbox"/> Clip beak (must have exam) | <input type="checkbox"/> Clip wings (must have exam) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I would like my pet bathed before he/she is returned to me. | <input type="checkbox"/> Only if necessary | |
| <input type="checkbox"/> Yes, please groom my pet while I am away | | |
| <input type="checkbox"/> Specific grooming instructions (i.e. shampoo preference ir medicated shampoo.) | | |

EXAMS: Please have the doctor examine my pet 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/Wings | <input type="checkbox"/> Weight/Nutritional consultation |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Skin/Fur/Feather | <input type="checkbox"/> Other _____ |

My pet is due for the following vaccines/Laboratory Testing:

- | | |
|---|--|
| <input type="checkbox"/> Ferret distemper | <input type="checkbox"/> Pacheco's Vaccine |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Fecal Test |

My pet 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): _____

At home I medicate my pet by: direct pilling hiding pill in food dissolving in water

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? Yes/Daily maximum _____ No

Ridgewood Veterinary Hospital

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Does your pet: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Have vision problems | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Hard time walking |
| <input type="checkbox"/> Like to be held | <input type="checkbox"/> Wings clipped | <input type="checkbox"/> Declawed |
| <input type="checkbox"/> Prefers females | <input type="checkbox"/> Prefers males | <input type="checkbox"/> Nervous around other animals |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Has seizures | |

Additional notes: _____

Your time is valuable and your pet 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 pet on the day he/she is due to return home.

For the well being of your pet 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 pet

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 pet in my absence. I understand that if a technician or veterinarian observes any irregularities in my pet's condition or behavior, a veterinarian will examine my pet 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 _____

"Hands That Heal Hearts That Care"