

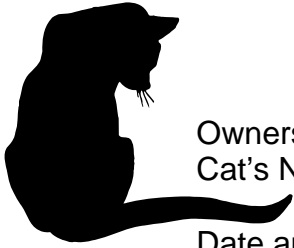
# Ridgewood Veterinary Hospital

## Feline Boarding Admissions Form

Staff Use Only- Initials

CSR \_\_\_\_\_

AWA \_\_\_\_\_



Owners Name \_\_\_\_\_

Date \_\_\_\_\_

Cat'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. 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.
- 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.

- |   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Clip nails   | <input type="checkbox"/> Clean ears   | <input type="checkbox"/> Clean eyes |
| <input type="checkbox"/> Bath   | <input type="checkbox"/> Remove matts | <input type="checkbox"/> Lion Cut   |
| <input type="checkbox"/> Some cats need to be sedated for baths and shaving, consult with a doctor about this step: |                                       |                                     |
| <input type="checkbox"/> My cat has been sedated before and may be sedated again if needed                          |                                       |                                     |
| <input type="checkbox"/> My cat has had baths here before and does not need to be sedated                           |                                       |                                     |

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

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

My cat is due for the following vaccinations/Laboratory Testing:

- |   |   |
|---|---|
| <input type="checkbox"/> FEV/Feline Distemper | <input type="checkbox"/> Feline Leukemia (FeLV) |
| <input type="checkbox"/> Rabies               | <input type="checkbox"/> Heartworm testing      |
| <input type="checkbox"/> Fecal Test           | <input type="checkbox"/> Leukemia/FIV Test      |

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

- \_\_\_\_\_ amount \_\_\_\_\_  AM  Noon  PM I gave last pill at (time): \_\_\_\_\_
- \_\_\_\_\_ amount \_\_\_\_\_  AM  Noon  PM I gave last pill at (time): \_\_\_\_\_
- \_\_\_\_\_ amount \_\_\_\_\_  AM  Noon  PM I gave last pill at (time): \_\_\_\_\_

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

At home I medicate my cat 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?  Yes/Daily maximum \_\_\_\_\_  No

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

# Ridgewood Veterinary Hospital

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Does your cat (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"/> Like to be brushed | <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 cat 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 cat on the day he/she is due to return home.

For the well being of your cat 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 cat.*

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

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