

# NEARTOWN ANIMAL CLINIC BOARDING ADMISSION FORM

Owner: \_\_\_\_\_ In Date: \_\_\_\_\_ Out Date: \_\_\_\_\_

Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Special Diet:  Y  N \_\_\_\_\_ Owner Supplied:  Y  N

Medications (Once daily \$2.50/day - Twice daily \$3.95/day)	Dosage	No. of Times Given A Day
1. _____	_____	Once, Twice, Three, Four
2. _____	_____	Once, Twice, Three, Four
3. _____	_____	Once, Twice, Three, Four
4. _____	_____	Once, Twice, Three, Four

**PROCEDURES REQUESTED WHILE BOARDING:**

<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Blood Profile	<input type="checkbox"/> Bath on- Date: _____
<input type="checkbox"/> Vaccinations (w/ Physical Exam)	<input type="checkbox"/> Xrays <input type="checkbox"/> EKG	<input type="checkbox"/> Medicated _____ Creme Rinse _____
<input type="checkbox"/> Internal Parasite Exam	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Nail Trim <input type="checkbox"/> Ears <input type="checkbox"/> Anal Glands
<input type="checkbox"/> Occult Heartworm Test	<input type="checkbox"/> Dental	<input type="checkbox"/> Brush Teeth
<input type="checkbox"/> Feline Leukemia/ FIV Test	<input type="checkbox"/> Surgery _____	<input type="checkbox"/> Microchip <input type="checkbox"/> Other _____

**WE ARE HAPPY TO OFFER THE FOLLOWING BOARDING UPGRADES:**

Cat Condo- double kennel (\$26.95/ day)  Daily brushing/ combing (\$3.50/day)  
 Daily Playtime-10 min. (\$9.95/session) - # of times per day \_\_\_\_\_ for a total of \_\_\_\_\_

I am the owner or agent and have the authority to execute this consent. You are to use all reasonable precaution against injury, escape or death of my pet. The clinic and staff will **NOT** be held responsible for any problems that develop if reasonable care and precautions are followed. I understand any medical problem that develops **WILL BE TREATED** as deemed best by the veterinarian(s) and I assume full responsibility for treatment expense. If I neglect to pick up my pet within 5 days of discharge date and do not notify you within that time, you may assume that the pet is abandoned and are hereby authorized to dispose of as prescribed by law.

## ALL FEES ARE DUE AT THE TIME OF DISCHARGE

**I HAVE READ AND UNDERSTAND THE NEARTOWN ANIMAL CLINIC BOARDING POLICIES.**

OWNER/AGENT: \_\_\_\_\_ CONTACT/PHONE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMITTING STAFF MEMBER: \_\_\_\_\_ TIME: \_\_\_\_\_ AM PM