

Boarding Admission Form

CAGE SIZE: _____

PERSONAL ITEMS: _____

Animal Care Hospital of Matthews

FRANK RUTOWSKI, D.V.M.

SUSAN MURRAY, D.V.M.

OWNER: _____ DATE: _____

PET'S NAME: _____ PET'S NAME: _____

EMERGENCY PHONE NUMBERS: _____

PATIENT WILL BE PICKED UP BY: _____

PICK-UP DATE: _____ PICK-UP TIME: _____

(After 3:00pm with bath, after 9:00am without)

If you are an existing client with a new pet, you will be charged an initial office visit fee. This fee includes a complete physical exam. All animals entering the hospital must be current on vaccinations and free of internal and external parasites (worms, heartworms, fleas, tick, etc) or they will be treated upon entry at owner's expense.

REQUIRED VACCINATIONS AND TESTS:

Dog: DHLPP, RABIES, BORDETELLA, HEARTWORM TEST, FECAL

Cat: FVRCP, RABIES, BORDETELLA

Bird: ANNUAL PHYSICAL EXAM, GRAM STAIN, POLYOMA

Ferret: CDV, RABIES

Should your pet require medications, there will be a \$1.00 per day medication fee.

If a tranquilizer is necessary for treatment or handling, I give permission to Animal Care Hospital of Matthews to administer such medications.

Should an emergency situation arise I authorize Animal Care Hospital of Matthews to do whatever is necessary until I can be contacted.

Animal Care Hospital of Matthews is not responsible for replacement of any lost collars, leashes, toys, food, bedding or other personal items left with patient.

Payment is required when animal(s) is/are released.

Pets are released only during regular office hours.

SIGNED: _____ DATE: _____

VACCINATION HISTORY (MUST BE CURRENT AND PROOF AVAILABLE):

RV (1/3) _____ DHLPP/ FVRCP _____ FECAL _____ BORD _____

HW CK _____ FELV _____ CDV _____ WELL CK _____ POLY _____

PROCEDURES DUE: _____

MEDICATIONS TO BE GIVEN: _____

BATH: YES / NO DATE TO BE GIVEN: (M-F ONLY) _____

DIET: OWN / OURS CANNED / DRY AM / PM AMOUNT: _____

SPECIAL INSTRUCTIONS: _____