

BOARDING ADMISSION FORM

Westwood Animal Hospital and Wellness Center

Vaccinations required within the past 12 months. Dogs: •Rabies •DA2P-PV •Bordetella (Kennel Cough)
Cats: •Rabies •FVRCP

All pets are required to be flea and tick free.
They must have had a stool sample examined for worms during the past 12 months.

❖ Should any parasites be found, treatment (at normal hospital rates) will be performed. ❖

Boarding Fees

Cages: Cats, rabbits, ferrets \$ call for price
Dogs \$ call for price
Runs: Dogs (All weights) \$ call for price
Shared Run: Dogs (All weights) \$ call for price
Sunday Pickup (prearranged for 6pm): \$ call for price

Special Care Package

- ♥ One play period each day
- ♥ Treat each day
- ♥ Blanket for sleeping

Daily E.O.D.

Other: _____
(\$3.50/day additional)

Boarding Information

Owner's name: _____ Pet's Name: _____

Date in: _____ M T W Th F S **AM PM** Date out: _____ M T W Th F S Sun **AM PM**

Belongings: Collar: _____ Leash: _____ Towel: _____

Blanket: _____ Carrier: _____ Other: _____

Special diet information: _____

Medications: _____

Has your pet received AM Meds? Yes / No; PM Meds? Yes / No _____

Additional Services Available:

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> DA2PP | <input type="checkbox"/> Fecal exam | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Bathing ____/____/____ |
| <input type="checkbox"/> FVRCP | <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Obedience | <input type="checkbox"/> Tattoo |
| <input type="checkbox"/> Rabies Vacc. | <input type="checkbox"/> Physical examination | <input type="checkbox"/> Healthy Pet Pkg. | <input type="checkbox"/> Other _____ |

Boarding authorization

I authorize Westwood Animal Hospital to board and care for the above named pet(s). Should a medical or emergency situation occur, I authorize whatever treatment is necessary and will remain fully responsible for the cost of all services provided. If I neglect to pick up the above named pet(s) within 5 days of the discharge date indicated above, Westwood Animal Hospital will assume this pet has been abandoned and will become the property of Westwood Animal Hospital.

Signature of owner/agent: **X** _____ Emergency Ph No: _____

While you are away, we will insure your pet has an enjoyable stay!!

	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
appetite																							am
stool																							am
appetite																							pm
stool																							pm

Appetite [G = good, P = poor, O = didn't eat] **Stool** [N = normal, S = soft, D = diarrhea, O = none]