



Westwood Regional Veterinary Hospital Canine Boarding Admissions Form

We look forward to doing all we can to ensure that your pets stay is a happy one.

Staff Use Only - Initials
CSR _____
Med _____

Owner's Name _____

Has your pet ever been socialized? Y[] N[]

Pet's Name _____

Would you like your pet to be socialized? Y[] N[]

Reservation Dates From: _____ to _____

Approximate time you would like to pick up your pet ____:____ A.M. / P.M. **(Please Call Prior to Pick Up)**

Phone numbers where you can be reached:

1. _____ 2. _____

In case of emergency, contact _____ Phone: _____

My dog is due for the following vaccines/laboratory testing: *(Comprehensive physical exam required every 6 months and with vaccines)*

Rabies*	_____	Leptospirosis	_____
Distemper*	_____	Lyme	_____
Bordetella*	_____	Fecal Test*	_____
CIV (H3N8)*	_____	4DX	_____ (Heartworm/Lyme/Ehrlichia /Anaplasmosis blood testing)
CIV (H3N2)*	_____		

***Required to be up to date to stay at Westwood Regional Veterinary Hospital**

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

Circle One Primary/Secondary

DVM Preference: Primary Dr. Cattiny Dr. Demian Dr. Gabrael Dr. Hartwick Dr. Marmolejo Dr. McConnell

DVM Preference: Secondary Dr. Cattiny Dr. Demian Dr. Gabrael Dr. Hartwick Dr. Marmolejo Dr. McConnell

ADDITIONAL "SPECIAL" SERVICES AVAILABLE FOR YOUR PET

Please inquire with the client care representative regarding any additional fees for the services below.

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clean ears | <input type="checkbox"/> Clean eyes | <input type="checkbox"/> Bath |
| <input type="checkbox"/> Clip Nails | <input type="checkbox"/> Therapy | <input type="checkbox"/> Other _____ |

FOOD - Current Diet:

Food type: _____ Quantity: _____ AM ___ Noon ___ PM ___ All Day ___

I have supplied food for my pet's stay: YES ___ NO ___ Refill as needed ___

- If no**, your pet will be fed a Generic GI food. This does not include any prescription diets. If on a prescription diet, we require the food to be dispensed if it is not provided.

Special preparation of food (i.e. add water): _____

Food allergies or special dietary/nutritional needs: _____

May we give treats to your dog? Yes _____ Daily maximum? _____ No (allergies/weight loss/etc) _____

Does/Is your dog: (please check all that apply)

Have vision problems _____	Deafness _____	Have difficulty walking _____
Like to be brushed _____	Nervous around other animals _____	Prefer females/males (circle one) _____
Favorite phrases? _____		

Monthly heartworm preventative due on (day of month): _____

If due while boarding: Supplied Refill Needed

"Anything for any pet, Anytime."

Westwood Regional Veterinary Hospital

Canine Boarding Admissions Form

My dog is on the following medications: (Please bring in original containers with pharmacy labels on them. If medication is not supplied, a dispensing fee will be charged. If your pet has more than 4 medications, please ask for an additional form)

1. Medication _____ Concentration/Strength _____
 Current frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____

2. Medication _____ Concentration/Strength _____
 Current frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____

3. Medication _____ Concentration/Strength _____
 Current frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____

4. Medication _____ Concentration/Strength _____
 Current frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____

5. Medication _____ Concentration/Strength _____
 Current frequency – I give _____ AM, _____ NOON, _____ PM, _____ Bedtime
 Supplied Refill As Needed - I gave the last dose at (time/date): _____

Diabetic Pets Only:

Current Insulin Type _____ Syringe Type _____
 Current Dose: I give _____ units in the AM & _____ units in the PM I gave the last dose of insulin at (time/date): _____

Minimum Boarding Rates Include:

- Climate controlled for heat/air conditioning.
- Air filtration system for pets with allergies.
- Pet’s quarters cleaned and sanitized regularly, or as needed.
- 24 hour supervised veterinary care.
- Generic GI (or owner provided food) served; pets are weighed daily for health maintenance.
- Fresh water available at all times.
- Elevated beds in each suite.
- Exercise provided 3-4 times a day.
- Lots of love and attention.

Your time is valuable, and your dog will be happy to see you. To ensure that your pets’ release procedures are handled as quickly and efficiently as possible:

1. Please call our office prior to picking up your dog on the day he/she is due to return home.
2. All fees are due upon the admit of your pet.

I hereby give Westwood Regional Veterinary Hospital permission to request any and all medical records from any animal hospital with my pets medical information, should it be needed for any reason. Furthermore, I give permission to perform all treatments of a medical nature that cannot await my return, to insure the health of my dog in my absence. I understand that if a technician or veterinarian observe any irregularities in my dog’s condition or behavior, a veterinarian will examine my dog and a fee will be charged for this service. I understand that the Westwood Regional Veterinary Hospital does everything possible to insure a safe environment for my dog, including vaccination against all known pathogens that might be encountered in a boarding facility for which a vaccination exists. If an occasional “bug” spreads just as it may in a school environment for children, I acknowledge that these are circumstances beyond the hospital’s control, and I understand that any associated fees for treatment are my responsibility. In the event of an emergency, I understand the veterinary staff will do everything possible to reach me, if unable to contact me or a legal guardian, I give permission to The Westwood Regional Veterinary Hospital to do everything possible to save my pets life, and I acknowledge any associated fees are my responsibility.

Owner’s signature _____ **Date** _____

“Anything for any pet, Anytime.”