



# Westwood Regional Veterinary Hospital

## Feline Boarding Admissions Form

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

<b>Staff Use Only - Initials</b>	
CSR	_____
Med	_____

Owner's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Reservation Dates From: \_\_\_\_\_ to \_\_\_\_\_

Approximate time you would like to pick up your pet \_\_\_\_:\_\_\_\_ A.M. / P.M. (Please call first)

Phone numbers where you can be reached:

1. \_\_\_\_\_ 2. \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

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

Rabies\* \_\_\_\_\_ Fecal Test\* \_\_\_\_\_

FVRCP\* \_\_\_\_\_

Leukemia \_\_\_\_\_ Feline Heartworm \_\_\_\_\_

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

**EXAMS: Please have the doctor examine my cat 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. McConnell Dr. Stuart

**DVM Preference: Secondary** Dr. Cattiny Dr. Demian Dr. Gabrael Dr. Hartwick Dr. McConnell Dr. Stuart

**ADDITIONAL "SPECIAL" SERVICES AVAILABLE FOR YOUR PET**

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

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clean ears | <input type="checkbox"/> Clean eyes  |
| <input type="checkbox"/> Clip Nails | <input type="checkbox"/> Therapy     |
| <input type="checkbox"/> Bath       | <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 cat? Yes \_\_\_ Daily maximum? \_\_\_ No (allergies/weight loss/etc) \_\_\_

**Does/Is your cat:** (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)	_____

**"Anything for any pet, Anytime."**

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My cat 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.
- Lots of love and attention.
- Generic GI (or owner provided food) served; pets are weighed daily for health maintenance.
- Fresh water available at all times.
- 24 hour supervised veterinary care.

Your time is valuable, and your cat 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 cat 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 cat in my absence. I understand that if a technician or veterinarian observe any irregularities in my cats condition or behavior, a veterinarian will examine my cat 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 cat, 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."