

# BOARDING ADMISSION FORM

Westwood Animal Hospital and Wellness Center

Vaccinations required within the past 12 months. Dogs: •Rabies •DA2P-PV •Bordetella •Fecal Float  
Cats: •Rabies •FVRCP •Fecal Float

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 \$18.00  
Dogs \$20.00  
**Runs:** Dogs (All weights) \$23.00  
**Shared Run:** Dogs (All weights) \$21.00  
**Sunday Pickup** (prearranged 5:30-6:00 pm): \$26.00

## Special Care Package

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

Daily     E.O.D.

Other: \_\_\_\_\_

**( \$4.00/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"/> Bordetella Vaccine | <input type="checkbox"/> Physical examination | <input type="checkbox"/> Bathing ____/____/____ |
| <input type="checkbox"/> FVRCP        | <input type="checkbox"/> Heartworm Test     | <input type="checkbox"/> Healthy Pet Pkg.     |   |
| <input type="checkbox"/> Rabies Vacc. | <input type="checkbox"/> Fecal exam         | <input type="checkbox"/> Dentistry            | <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, you may 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 ensure 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																							noon
stool																							noon
appetite																							pm
stool																							pm
Sp Care																							am
Sp Care																							pm

Appetite [G = good, P = poor, O = didn't eat]

Stool [N = normal, S = soft, D = diarrhea, O = none]