



Ridgewood Veterinary Hospital Exotic Boarding Admissions Form

Staff Use Only- Initials
CSR _____
AWA _____



Owners Name _____ Pet's Name _____
Species _____
Reservation Dates From _____ to _____
Approximate time you would like to pick up your pet __: __ A.M./P.M. (Please call first)
Phone number where you can be reached _____
In case of emergency contact _____ Phone _____

For your pet's protection, **all vaccines must be current**. Your pet must be free of internal and external parasites. **A fecal test is required every 6 months**. *If vaccinations or treatments for parasites must be performed, usual and customary fees will apply.* The hospital is not responsible for any personal belongings left with your pet. Please bring your pet's diet for consistency. If required to purchase food, the amount will be added to your invoice, and any unused portions will be returned to you at check-out.

My pet is due for the following Vaccines/Laboratory Testing (comprehensive physical exam required with vaccines):

- Ferret Distemper
- Rabies
- Comprehensive Physical Exam (required with vaccines)
- Fecal Test***

Exams: Please have the doctor examine my pet for (normal practice fees apply):

- General physical examination
- Eyes
- Ears
- Mouth
- Legs/Paw/Wings
- Skin/Fur/Feather
- Routine or specific bloodwork
- Weight/Nutritional consultation
- Other _____

Additional "Special" Services Available for Your Pet:

Please inquire with the receptionist at the time you bring in your pet to visit with us for fees.

- Clip nails
- Clip beak (must have exam)
- Clean ears
- Clip wings (must have exam)
- Clean eyes
- Other _____
- I would like my pet bathed before he/she is returned to me.
- Yes, please groom my pet while I am away
- Specific grooming instructions (i.e. shampoo preference or medicated shampoo.)
- Only if necessary

My pet is on the following medications: (Please bring in original containers with labels on them. If medication is not supplied, a dispensing fee will be charged)

1. _____ amount _____ AM Noon PM I gave last pill at (time): _____
 Supplied Refill As Needed
2. _____ amount _____ AM Noon PM I gave last pill at (time): _____
 Supplied Refill As Needed
3. _____ amount _____ AM Noon PM I gave last pill at (time): _____
 Supplied Refill As Needed

Diet:

Food type: _____ amount: _____ AM Noon PM All Day
I have supplied food for my pet's stay: YES NO/Cost will be added to invoice Refill As Needed/Cost will be added to invoice (Unused portions will be returned to you at check-out)
Special preparation of food (i.e. add water): _____
Food allergies or special dietary/nutritional needs: _____
May we give treats? Yes/Daily maximum _____ No

"Hands That Heal Hearts That Care"

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(Over Please)

Does your pet: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Have vision problems | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Hard time walking |
| <input type="checkbox"/> Like to be held | <input type="checkbox"/> Wings clipped | <input type="checkbox"/> Declawed |
| <input type="checkbox"/> Prefers females | <input type="checkbox"/> Prefers males | <input type="checkbox"/> Nervous around other animals |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Has seizures | <input type="checkbox"/> Have favorite phrases (write below) |

Additional notes: _____

Minimum Boarding Rates Include:

- Climate controlled for heat/air conditioning at the special temperatures needed for your pet.
- Air filtration system for pets with allergies.
- Special Diet (or owner provided food).
- Fresh water available at all times.
- Comfortable, species specific quarters, or owner provided cage.
- Pet's quarters cleaned and sanitized regularly, and as needed.
- Veterinarians and a caring, skilled staff on the premises.
- Lots of love and attention.

Your time is valuable and your pet will be happy to see you. To ensure that your pet's release procedures are handled as quickly and efficiently as possible:

1. Please call our office prior to picking up your pet on the day he/she is due to return home.
2. For the well being of your cat and our patients, please arrange to have your pet delivered OR picked up after 9:00am and up to ½ hour before closing in the Ridgewood office and after 9:00am and before 12:00pm in the Midland Park office.
3. All fees are due upon the release of your cat.

Ridgewood Office: M-F-Sat-Sun 8:00am to 5:00 pm T-W-Th 8:00am to 9:00 pm

Midland Park Office: M-T-W-F-Sat 8:00 am to 12:00 pm Th 8:00 am to 9:00 pm

I hereby give Ridgewood Veterinary Hospital permission to perform all treatments of a medical nature that cannot await my return to insure the health of my pet in my absence. I understand that if a technician or veterinarian observes any irregularities in my pet's condition or behavior, a veterinarian will examine my pet and a fee will be charged for this service. I also give Ridgewood Veterinary Hospital permission to transport my pet from one office to another as needed for health, comfort, grooming, or pick-up.

Owner's signature _____ **Date** _____

*The Ridgewood Veterinary Hospital staff thanks you for entrusting us with your pet's care
We look forward to doing all we can to ensure that your pet's stay is a happy one.*

“Hands That Heal Hearts That Care”