



Ridgewood Veterinary Hospital Feline Boarding Admissions Form

Staff Use Only- Initials
CSR _____
AWA _____

Owners Name _____ Cat'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. _____ 3. _____
In case of emergency contact _____ Phone _____

For your pet's protection, all vaccines must be current. **Rabies, and Feline Distemper are required***. Your pet must be free of internal and external parasites. **A fecal test is required every 6 months**, and your pet must be on a flea preventative while boarding. *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.

My cat is due for the following Vaccinations/Laboratory testing (Comprehensive physical exam required with vaccines):

- FEV/Feline Distemper* Feline Leukemia Vaccine (FeLV)
- Rabies* Heartworm Test
- Fecal Test* Leukemia/FIV test
- Comprehensive Physical Exam (required with vaccines)

*Required vaccines to stay at the Ridgewood Veterinary Hospital

EXAMS: Please have the doctor examine my cat for (Normal practice fees apply):

- General Physical Exam Mouth Routine or specific bloodwork
- Eyes Legs/Paw Weight/Nutritional consultation
- Ears Skin/Fur 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.

- Lion Cut Clean Ears Clean Eyes
- Bath Clip Nails Remove Mats

Some cats need to be sedated for baths and shaving, consult with a doctor about this step:

- My cat has been sedated before and may be sedated again if needed
- My cat has had baths here before and does not need to be sedated

My cat 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

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

Diet:

Food type: _____ amount: _____ AM Noon PM All Day

I have supplied food for my pet's stay: YES NO Refill As Needed

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"

Ridgewood Veterinary Hospital

Feline Boarding Admissions Form

Does your cat (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"/> Like to be brushed | <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.
- Radiant heat in half of flooring so that pets can choose whether they want to be cool or warm.
- Air filtration system for pets with allergies.
- Hill's Science Diet (or owner provided food) served; pets are weighed daily for health maintenance.
- Fresh water available at all times.
- Cozy bedding/towels provided for each cat.
- 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 cat 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 cat 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 9:00 am and up to ½ hour before closing in the Ridgewood office and after 9:00 am 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 8:00 am to 5:00 pm T-W-Th 8:00 am 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 cat in my absence. I understand that if a technician or veterinarian observes any irregularities in my cat's condition or behavior, a veterinarian will examine my cat and a fee will be charged for this service. I also give Ridgewood Veterinary Hospital permission to transport my cat 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 cat's care. We look forward to doing all we can to ensure that your cat's stay is a happy one.

“Hands That Heal Hearts That Care”