

# RUTHERFORD Veterinary Hospital

## Overnight Boarding Admission Form

Arrival Date: ... \_\_\_/\_\_\_/\_\_\_      Departure Date: ... \_\_\_/\_\_\_/\_\_\_      Departure Time: ... \_\_\_:\_\_\_      Pet's Name: \_\_\_\_\_      Breed: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_      Cell-Number for texting: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Email Address: \_\_\_\_\_  
 In Case of Emergency Please Notify: \_\_\_\_\_      Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please select and check box for which Boarding Package you prefer for your pet from the list below.

**I realize that it is sometimes necessary to change a boarding package or accommodation based on a pet's temperament or physical condition. Furthermore certain packages though fun for my pet, can involve relatively rough play and that in the course of playing my pet might endure occasional cuts and minor scratches. Even though the hospital does their best to prevent these incidences they can still occur potentially causing additional costs. Owner's Initials: \_\_\_\_\_**

### Boarding Packages

<input type="checkbox"/> - <b>CANINE</b> <b>STANDARD BOARDING</b> <i>Outside potty breaks</i> *\$24.75 (Under 25lbs Only)	<input type="checkbox"/> - <b>CANINE</b> <b>LONE RANGER BOARDING</b> <i>Individual outside Playtime</i> *\$32.00 (0 lbs. – 25 lbs.) *\$38.75 (26 lbs. – 50 lbs.) *\$41.50 (51lbs. – 100 lbs.) *\$44.25 (101 lbs. plus)	<input type="checkbox"/> - <b>CANINE</b> <b>PAMPERED PET BOARDING+</b> <i>Directed Individual Play with Pool Privileges Texting Photos of Pet (time permitting)</i> *\$47.00(0 lbs. – 25 lbs.) *\$51.50 (26 lbs. – 50 lbs.) *\$54.00 (51lbs. – 100 lbs.) *\$56.75 (101 lbs. plus) + For pets not able to participate in group play.	<input type="checkbox"/> - <b>CANINE</b> <b>SOCIALITE BOARDING</b> <i>Directed Group Play with Pool Privileges Texting Photos of Pet (time permitting)</i> *\$41.50 (0 lbs. – 25 lbs.) *\$46.00 (26 lbs. – 50 lbs.) *\$48.50 (51lbs. – 100 lbs.) *\$51.25 (101 lbs. plus)
<input type="checkbox"/> - <b>CANINE</b> <b>PENTHOUSE BOARDING</b> <i>Same as socialite package but with home like nighttime environment and additional attention.</i> *\$75.25 (Under 25lbs Only)	<input type="checkbox"/> - <b>LATE NIGHT TECH-WALK</b> <i>Staff Availability Permitting</i> *\$44.50 per day additional		<input type="checkbox"/> - <b>FELINE CONDO BOARDING</b> *\$32.00

**All pets entering Rutherford Veterinary Hospital must be current on all vaccinations including Bordetella for dogs, internal parasite fecal examination, and free of all external parasites such as fleas and ticks.**

**If vaccines are needed or parasites are found treatment will be provided at the owner's expense.**

<b>Were vaccinations and fecal exam performed here?</b> <input type="checkbox"/> - Yes <input type="checkbox"/> - No  <b>If No, please provide the following information:</b>  Name of Veterinary Hospital / Clinic: _____  Veterinary Hospital Phone Number: _____ - _____ - _____  <b>Medication Administration Fee: \$13.00 per day additional</b>  Medication: _____  Amount: _____  Frequency: _____	<b>Brought Your Own Food?</b> <input type="checkbox"/> - Yes <input type="checkbox"/> - No <b>Royal Canine Gastrointestinal LF provided unless otherwise indicated</b> Please Indicate: Brand: _____  Frequency: _____  Quantity: _____  <b>Articles Left</b> Describe: _____  _____  <b>ADDITIONAL SERVICES Ask Receptionist For Details and Pricing</b> <input type="checkbox"/> - Nail Trim: <input type="checkbox"/> - Bath: <input type="checkbox"/> - Other:
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I authorize Rutherford Veterinary Hospital to do whatever is necessary should an emergency arise and I accept full responsibility for any additional expenses incurred including offsite Emergency Hospital after hours care. I authorize Rutherford Veterinary Hospital to tranquilize my pet should it be necessary for treatment or handling. If my pet is not picked up within 10 days of the stated pickup date and no contact has been made to Rutherford Veterinary Hospital then the assumption will be made that my pet has been abandoned and Rutherford Veterinary Hospital is authorized to take whatever steps necessary regarding the final disposition of said pet.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_