



Feline Boarding Admission Form

This form is **NOT** for scheduling your reservation.
To schedule your reservation please call (508) 336-3381.



Hospital Use Only

Boarding Fees

Non-medical boarding/night: \$21.00

Medical boarding/night:* \$30.55

* Any pet needing medication, supplements, or other medical care while here will be considered a medical boarder.

Boarding Information

Client Name:

Phone Number:

Pet Name:

Admit Date:

Time:

Pick-up Date:

Time:

Emergency Contact:

Phone:

**Would you like to receive general updates
while your pet is boarding: (check one)**

Yes

No

**If yes, indicate how you would like to receive
your updates:**

Phone

Text

E-mail

Phone/e-mail:

Updates, if requested, are given on Tuesdays, Thursdays, and Saturdays if not on the same day of admittance/pickup. Routine updates are not given on Sundays or Holidays. If any problems arise we will contact you regardless of the day.

Feeding/Medication Instructions

Feeding Instructions:

Is this food:

My own

Hospital's (Royal Canin
GI Low Fat or Purina EN)

Medications/supplements:

If none, check here

Name and dosage of all medications and or supplements:

Other special instructions/items: (please describe):

Has your pet exhibited any signs of: (check all that apply)

Coughing	Sneezing	Vomiting	Other
Diarrhea	Appetite/thirst change	Lethargy	
Itching	Seizures	Limping/Lameness	

Please explain below:

We **require the FVRCP and Rabies vaccines for any cats boarding with us. If you have not had your pet vaccinated here, please enter the veterinary hospital name and phone number where your pet has received his/her vaccines. If your pet is not current, we will vaccinate your pet while here.**

If your pet needs vaccines while boarding here, the veterinarian will perform a Wellness Exam of \$68.97 prior to vaccination.

My pet has been vaccinated at: (check one)

Other Hospital Name & Number:

Bristol County Veterinary Hospital

Other

Please check any of the following services you would like performed while your pet is boarding:

Nail Trim \$17.56

FeLV/FIV Test \$66.68

Heartworm/Flea/Tick Prevention (single dose of Revolution) \$22.22 - \$22.55/dose

Please note: For the best interest of all pets under our care, all patients boarding must be up to date on their monthly flea and tick preventative as well as an intestinal parasite test done within 6 months. All patients will be examined for external (fleas and ticks) and internal (worm segments in stool) parasites while here. If parasites are found the pet must be treated (at the owner's cost) to prevent spreading to other animals. Our staff will explain if any additional follow up care is needed.

Most recently applied flea/tick Preventative:

Date Applied:

Would you like us to give your pet a bath before you pick up? (see price chart below)*

Yes

No

Cat Bath Price: \$36.92

Please list any additional services you would like us to do while your pet is boarding here. If your pet is having other problems and you would like an exam or further diagnostics, please explain:

Items you plan to bring with your pet, please be descriptive:*

*

Note: BCVH is not responsible for lost or damaged items.

If, while boarding, the staff notice any medical issues with your pet that may need our veterinarian's attention, how would you like to proceed?

Treat at veterinarian's discretion

Contact first

In the event of a serious medical emergency, you and or your emergency contact will be contacted. If we are unable to reach you or your emergency contact, your pet will be treated at the veterinarian's discretion.

Additional notes for our staff:

How would you like to be contacted to confirm and review your pet's boarding reservation?

Phone E-mail Phone/email:

If my pet should injure or soil itself, refuse sustenance, or become ill or perish while in the hospital I will hold Dr. Hurd and/or her associates, Bristol County Veterinary Hospital, and its employees free of any responsibility and/or liability in the absence of gross negligence. In the event that I change my plans, become ill, change my address or otherwise lose contact with the hospital it shall be my duty to inform the Bristol County Veterinary Hospital, in writing, immediately of such changes. I accept financial responsibility for services rendered on behalf of this pet and understand that payment in full is due upon release of said pet from the hospital or completion of services. I agree to be responsible for paying a \$25.00 fee if my check is returned for any reason. I agree to pay a 33.3% attorney fee if my balance (including finance charges if applicable) is turned over for collection

Thank you for taking the time to fill out or online boarding admission form.
This will help us make your pet's check in process more efficient.

Submitting this form below states that you accept the following services and their costs above.

You will be contacted by one of our Customer Service Representatives to review and confirm this information. If you have any trouble submitting this form, please contact our hospital, at (508)-336-3381.

Bristol County

VETERINARY HOSPITAL

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www.bristolcountyvet.com

email@bristolcountyvet.com

The following fields are to be filled out in the hospital at time of admittance.

Printed Name: _____ Phone Number: _____

Signed: _____ Date: _____

For Hospital Use Only:

Admitted By: _____

Treatment Plan Reviewed with Client By: _____ Cage Card Created By: _____