



Bristol County
VETERINARY HOSPITAL
 288 Fall River Ave, Seekonk, MA 02771
 (508) 336-3381 ~ www.bristolcountyyvet.com



Boarding Feline Admission Form

Boarding Fees

Non-medical boarding/night: \$24.25 Medical boarding/night: \$35.30*

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

Client Name: _____ Pet's 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? (check one)

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/Medicating Instructions:

This food is: (check one)

MY OWN

THE HOSPITAL'S (Royal Canin GI Low Fat or Purina EN)

Instructions:

Any Medications/supplements (check one):

YES

NO

Name and dosage of all medications and or supplements:

Other special instructions/items: (please describe):

Would You Like an Exam (check one):

YES

NO

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

Coughing

Vomiting

Sneezing

Diarrhea

Lethargy

Appetite/thirst change

Itching

Limping/Lameness

Seizures

Other

Please Explain Above:

Vaccination Policy

We require the FVRCP and Rabies vaccines for all 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 vaccines.

If your pet is not current, we require for them to be updated on their vaccines prior to boarding with us. In the event that your pet needs to be boarded due to an emergency, the veterinarian will perform a Wellness Exam of \$70.00 prior to updating vaccines.

My cat has been vaccinated at: (check one)

BCVH OTHER HOSPITAL

Other Hospital Name & Number:

Additional Services:

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

- Nail Trim \$18.13
 Felv/FIV Testing \$93.64
 Heartworm/Flea/tick Preventative (single dose of Revolution Plus) \$17.14-17.57/dose(+ tax)

****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: _____

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 us to proceed? (Check One)

Treat at veterinarian's discretion

Contact me 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. This may or may not include transfer to an emergency facility (Please see attached ER documents)

****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.***

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: _____