

# Glenolden Animal Hospital -Boarding Admission

Your Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number \_\_\_\_\_

Emergency Name & Phone Number \_\_\_\_\_

Pet will be boarding from \_\_\_\_\_ to \_\_\_\_\_

(Must be picked up on date above or hospitalization charges will be applied)

*\*\*It is hospital policy that ALL Pets are Current on Vaccinations before being admitted\*\**

*\*\*There will be an office visit charge for ANY Pet that needs Boosters or Exam\*\**

**You can only opt to "WAIT" for PE, Rabies, Distemper and Bordetella if they are not actually due**

**Your pet is due for the following services:**

<b>Physical Exam-\$60-</b> YES ( ) WAIT ( )	Dog Lyme-\$31	ACCEPT ( )	DECLINE ( )
<b>Rabies-\$22-\$28</b> YES ( ) WAIT ( )	Annual Worming- \$33	ACCEPT ( )	DECLINE ( )
<b>Distemper-\$22-\$28</b> YES ( ) WAIT ( )	Cat Leukemia- \$31-\$41	ACCEPT ( )	DECLINE ( )
<b>DA2PPL-\$22-\$28</b> YES ( ) WAIT ( )	Heartworm & Tick Disease Test- \$56	ACCEPT ( )	DECLINE ( )
<b>Dog Bordetella-\$25-</b> YES ( ) WAIT ( )	Leptospirosis- \$22	ACCEPT ( )	DECLINE ( )

**Wellness Testing- All Include Free Urine**

Dogs 1-7yr Preventive Care Blood Work (including heartworm)- \$93	ACCEPT ( )	DECLINE ( )
Dogs >7yr Preventive Care Blood Work (including thyroid & heartworm)- \$189	ACCEPT ( )	DECLINE ( )
Cats 1-7yr Preventive Care Blood Work (including heartworm)- \$99	ACCEPT ( )	DECLINE ( )
Cats >7yr Preventive Care Blood Work (including thyroid & heartworm)- \$182	ACCEPT ( )	DECLINE ( )

**Is your pet on any medications at this time? \_\_ Yes \_\_ No**

**If yes please describe** \_\_\_\_\_

*Please be advised that there is a medication administration charge of 5.00 for every time medication is given.*

*(ex. If a medication is given twice a day, then there is an additional \$10.00 charge per day)*

**Does your pet need to see the veterinarian for any reason other than what is listed above? \_\_ Yes \_\_ No**

**If yes, please describe & you MUST discuss this with the technician before leaving:**

\_\_\_\_\_

How much and how often does your pet eat? \_\_\_\_\_

If you did not bring food what does pet prefer- Wet *or* Dry

Would you like us to run a fecal exam to check for parasites (\$31)? Yes *or* No

If positive would you like appropriate medications administered for additional charge? Yes *or* No

Would you like your pet to be bathed while here (\$33) Yes *or* No? If yes, what time will you be picking up? \_\_\_\_\_

Would you like your pet to have a playtime session? (\$22) Yes *or* No If yes, how many days? \_\_\_\_\_

**PLEASE NOTE THAT BOARDING CHARGES WILL ACCRUE PER PET PER NIGHT**

I understand that during the length of stay at Glenolden Animal Hospital unforeseen conditions may arise that necessitate a Veterinary Doctor to examine and/or treat my pet as deemed necessary and desirable by the doctor's professional judgment. Therefore, I agree to any necessary medications and/or procedures (and their associated fees) that may occur during my pet(s) stay here.

----- Payment for boarding is expected upon pet(s) release -----

**Signature below authorizes Glenolden Animal Hospital to perform the above requested, required and recommended procedures as outlined and described above:. I understand interest will accrue on this account at a rate of 1.5% of the unpaid balance per month.**

**Owner or Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Admitting Receptionist** \_\_\_\_\_

**Admitting Tech/Assistant** \_\_\_\_\_