

Glenolden Animal Hospital -Boarding Admission

Your Name _____ Pet Name _____
 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:

Physical Exam-\$66	YES () WAIT ()	Dog Lyme-\$34	ACCEPT ()	DECLINE ()
Rabies-\$25-\$31	YES () WAIT ()	Annual Worming- \$38	ACCEPT ()	DECLINE ()
Distemper-\$25-\$31	YES () WAIT ()	Cat Leukemia- \$34-\$47	ACCEPT ()	DECLINE ()
DA2PPL-\$25-\$31	YES () WAIT ()	Heartworm & Tick Disease Test- \$62	ACCEPT ()	DECLINE ()
Dog Bordetella-\$28	YES () WAIT ()	Leptospirosis- \$25	ACCEPT ()	DECLINE ()
		Canine Influenza - \$32	ACCEPT ()	DECLINE ()

Wellness Testing- All Include Free Urine

Dogs 1-7yr Preventive Care Blood Work (including heartworm)- \$102	ACCEPT ()	DECLINE ()
Dogs >7yr Preventive Care Blood Work (including thyroid & heartworm)- \$208	ACCEPT ()	DECLINE ()
Cats 1-7yr Preventive Care Blood Work (including heartworm)- \$110	ACCEPT ()	DECLINE ()
Cats >7yr Preventive Care Blood Work (including thyroid & heartworm)- \$200	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) Initial _____

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 (\$41)? Yes or No

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

Would you like your **DOG** to be groomed/bathed while here? **Bath \$36** Yes or No?

If yes, what time will you be picking up? _____

Would you like your **DOG** to have a playtime session? (\$25) Yes or No If yes, how many days? _____

Boarding can be very stressful for your pet. In the event that your pet becomes anxious do we have your permission to prescribe and administer anti-anxiety medication? **YES** or **NO**

There will be a charge for any meds prescribed.

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 _____