

MEDICAL BOARDING REGISTRATION

Admitted by: _____ Boarding Dates: ___/___/___ - ___/___/___

CLIENT INFORMATION

Primary Contact _____

Alternate Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Telephone () _____ Home Work Cell

Secondary Telephone () _____ Home Work Cell

E-mail Address _____

PATIENT INFORMATION

Name _____ Breed _____

Male or Neutered Male Female or Spayed Female

Date of Birth _____ Color/Markings _____

Are you this pet's owner? Yes No Is this pet co-owned? Yes No

If yes, co-owner's name _____

Co-owner's relationship to you Spouse Partner Breeder Other _____

PRIMARY CARE VETERINARIAN/HOSPITAL INFORMATION

Veterinarian _____ Hospital _____

Address _____

City _____ State _____ Zip _____

Telephone () _____

PATIENT HISTORY

Medical Condition(s) _____

Medication	Dosage	Times Administered	Given Today?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you bring all of your pet's medication(s)? Yes No _____
(If no, please list)

Continued on reverse.

MEDICAL BOARDING REGISTRATION

Brand of pet's food _____

Amount to be fed (i.e. cups, cans) _____ # of times/day _____

Did you bring your pet's food? Yes No
(Should you forget to bring your pet's food, we will substitute it with Purina EN.)

How many times per day is your dog walked? _____

Allergies? Yes No _____
(If yes, please list)

Special notes about your pet (ie, fear of thunderstorms, dislike of other dogs, cats, etc.) _____

POLICY ON TOYS/BLANKETS

We ask that only food and medications be left with your pet. Unfortunately, we cannot guarantee that extra belongings will be returned. Be assured, however, that we have plenty of blankets for your pet's comfort.

EMERGENCY CONTACT INFORMATION

Please make sure that your emergency contacts (including yourself, if preferred) are aware of this responsibility and are informed of your travel dates and itinerary.

Emergency Contact	Phone Number	Alternate Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HOW DID YOU CHOOSE RBVH HILLSBOROUGH?

Did you recently move to the area? Yes No

If yes, from what city/state did you move? _____

Recommended by: My primary care veterinarian Internet Yellow Pages

Friend/family member _____
(please provide name so we may thank them)

Other (please specify) _____

CONSENT/RELEASE

I/We give permission to the doctors and staff of RBVH Hillsborough to perform any emergency procedures deemed necessary during my pet's stay. I/We also consent, if necessary, for my pet to be transported to Red Bank Veterinary Hospital at 197 Hance Avenue, Tinton Falls, NJ 07724 and to receive emergency treatment if more advanced medical care, diagnostics, monitoring, etc. are required. I/We also accept the financial responsibility associated with such emergency treatments.

I/We consent I/We do not consent

Signature _____ Signature _____

Thank you for trusting us to care for, and pamper, your pet while you are away.