

Hackettstown Animal Hospital

14 Highway 46 * Hackettstown, NJ 07840 * www.hahvets.com
phone: 908-852-3166 * fax: 908-813-1178

Boarding Information Sheet

Patient: _____ **Date:** _____ **Pickup Time:** _____ am/pm

In case of emergency call: _____ or _____

Diet: Feed Hospital Diet (Purina)

Feed: _____ Amount to be fed: _____ Frequency: _____

Meds: My pet is not on medication or supplements

My pet will need the following medications/supplements administered while boarding

medication: _____ dose: _____ last given: _____

medication: _____ dose: _____ last given: _____

Does your pet have any problems that the doctor should examine while boarding with us?

No, thank you

Yes, please examine my pet for the following: (description of the problem and area to be checked)

Estimate of Boarding Charges:

Boarding per Night:

Feline \$38

Special Boarding

Weekday Diabetic Boarding \$55

Weekend Diabetic Boarding \$94

While your pet is here:

Vaccinations due or coming due:

Rabies Vaccine \$38

Distemper Annual Vaccine \$38

Leukemia Annual Vaccine \$50

Other Services that may be required:

Medication Administration \$7/day

Examination \$78

Medical Waste \$8

Fecal Parasite Analysis \$48.5

Other Services that may be requested:

Nail Trim \$37

I understand that Hackettstown Animal Hospital will apply a topical flea preventative to my pet upon check-in at my expense if there is evidence of flea infestation

Please initial to agree to the above services _____

The undersigned acknowledges that the Hackettstown Animal Hospital does not provide 24-hour supervision of pets that are boarded. Every reasonable effort has been made to decrease the risk of accidental injury, illness, and death. The undersigned authorizes treatment for any illness, injury, or emergency should it occur and agrees to pay in full when pet is discharged.

Client Signature _____ Date: _____