

# Hackettstown Animal Hospital

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

## Boarding Information Sheet

**Patient:** "Chewie" Testerman **Pickup 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: \_\_\_\_\_

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**Bath:**  I would like my pet to have a bath before coming home (free with 3 nights of boarding)

No, thank you

**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)

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### **Estimate of Boarding Charges:**

#### **Boarding per Night:**

under 30 lbs \$37

31-60 lbs \$39

over 61 lbs \$42

#### **Special Boarding**

Weekday Diabetic Boarding \$48

Weekend Diabetic Boarding \$82

#### **Bath:**

No charge if more than a 3 night stay

\$32 (less than a 3 night stay)

\*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\*

### **While your pet is here:**

#### **Vaccinations due or coming due:**

Rabies Vaccine \$30

Distemper Annual Vaccine \$30

Bordatella Annual Vaccine \$34

Lyme Annual Vaccine \$50

#### **Bloodtest:**

4DX \$79

#### **Other Services that may be required:**

Medication Administration \$3/day

Examination \$67

Medical Waste \$3.25

#### **Other Services that may be requested:**

Nail Grind \$45

Nail Trim \$29

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: \_\_\_\_\_