Hackettstown Animal Hospital

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

Boarding Information Sheet

Patien	t:	_ Pickup Date:	Pickup Time: am/pm	
In case	of emergency call:	or		
Diet:	□ Feed Hospital Diet (Purina)			
	Geed:	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 y	 our pet have any problems that the problem of the problem		tion of the problem and area to be checked)	
Estimate of Boarding Charges:			While your pet is here:	
Во	arding per Night: Feline \$27		Vaccinations due or coming due: Rabies Vaccine Distemper Annual Vaccine Feline Leukemia	\$30 \$30 \$42
Sp	ecial Boarding Weekday Diabetic Boarding Weekend Diabetic Boarding 	\$38 \$67	Other Services that may be required: Medication Administration Examination Medical Waste Fecal Analysis	\$3/day \$67 \$3 \$48
			Other Services that may be requested Nails	l: \$29
		Please initial to agree to the above services		ices

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.

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.