



# Piscataway Animal Clinic

13 Stelton Road, Piscataway, NJ 08854  
732-968-6888 / Fax 732-968-1433

## BOARDING ADMISSION

Please take a moment to complete this form so that we may better serve your pet's needs.

Client's Last Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Pick-Up Date And Time: \_\_\_\_\_ AM or PM

Did you bring your own food? **YES NO** When was your pet's last feeding? \_\_\_\_\_  
Feeding Instructions: How many times per day do you feed your pet? \_\_\_\_\_ How much? \_\_\_\_\_  
Does your pet prefer wet or dry food? \_\_\_\_\_ Any additional Instructions? \_\_\_\_\_  
Does your pet get along with other animals? **YES NO** Does your pet have any allergies? **YES NO**

### **Please list any medication(s) that your pet is currently taking:**

Name of Medication	Dispensing Directions	Administered Using?	Last Dose Given?

Is there anything you would like the doctor to check during your pet's physical exam?

Trim Nails  Update Vaccines  Check/Clean Ears  Lab Work  Other \_\_\_\_\_

### **REQUIREMENTS FOR BOARDING**

All animals must be current on their annual physical examination, necessary vaccinations and fecal test within the last 12 months. Senior pets or those with medical conditions must also have current necessary blood work. Your pet must also be free of external parasites (fleas, ticks, etc.) or we will be happy to treat your pet for the cost of the treatment. **Owner's Initials** \_\_\_\_\_

### **AUTHORIZATION FOR PROFESSIONAL SERVICES**

- I hereby authorize the Raritan Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as are, in their opinion, necessary and advisable for the treatment and maintenance of \_\_\_\_\_'s health and wellbeing. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure from these treatments. **YES NO**
- I also authorize the hospital director and her staff to provide veterinary service as requested or in emergency circumstances to follow through with such procedures as are necessary for the wellbeing of my pet. Raritan Animal Hospital is not a 24-hour care facility. I understand that if my pet is in critical condition and needs overnight care, the veterinarian on duty will discuss all of my transfer options with me prior to end of day.
- Should your pet suffer a cardiac and/or pulmonary (respiratory) arrest while under our care, do you authorize us to provide life saving measures, i.e.; Cardiopulmonary Resuscitation (CPR).  
 **YES**, I authorize appropriate life saving measures.  
 **NO**, I am electing a "Do Not Resuscitate" status for my pet.
- If your pet experiences any anxiety while boarding, may we have permission to treat it? **YES NO**
- If your pet experiences any GI distress while boarding, may we change your pet to a prescription bland diet, and administer probiotics? There will be a \$1 charge per day for any probiotic administration. **YES NO**
- I understand that I assume financial responsibility for all services rendered. **Owner's Initials** \_\_\_\_\_

### **I have read the boarding requirements and understand the hospital's policies.**

Signature: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Do you authorize the Raritan Animal Hospital to post images of your pet on our website or Instagram if taken? **YES NO**

*(We discourage leaving items for your pet. We are not responsible for lost items)*