



Bishop Ranch Veterinary Center

Medical Boarding Hospital Admittance Form

Veterinary Center
& Urgent Care

MEDICAL BOARDING FEE: \$91 - \$133 per 24 hours

Office use only: Client ID _____

Admittance Date: _____

Date of Pick Up: _____

Client Name: _____

Pet's Name: _____

Name of Doctor: _____

To be completed for **diabetic patients**:

Time last insulin dose and meal were given: _____
Amount and frequency of insulin dose (in units): _____
Type of insulin: _____
Next time insulin & meal are due: _____
Other medications: _____
Special care instructions: _____

To be completed for **non-diabetic patients**:

Medications: _____

Special care instructions: _____

To be completed for all patients:

Amount, brand and frequency of food: _____

Items you have brought for your pet: _____

General attitude or other observations of your pet: _____

AUTHORIZATION

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Additional Medical Care

One of the advantages of boarding your pet at Bishop Ranch Veterinary Center is that veterinary attention is readily available should the need arise. If your pet becomes ill we will try to contact you to inform you of your pet's condition, treatment options, and estimated costs. If we cannot contact you, your signature below authorizes us to proceed with the best treatment for your pet's health. Payment of all charges is due upon discharge. Bishop Ranch Veterinary Center is not responsible for pet belongings that are broken, torn, chewed up, or lost in our facility while your pet is staying with us. As owner of this boarding pet, I understand that Bishop Ranch Veterinary Center maintains clean facilities and requires current immunizations on all pets boarding. I understand that if my pet becomes sick while boarding, Bishop Ranch Veterinary Center will not be financially responsible for my pet's medical costs. Choosing the limit below will assure that my pet is treated medically in an emergency until I can be reached.

- Up to \$100.00 Up to \$500.00 \$ _____

In case of emergency:

Primary Contact Name: _____

Phone number(s): _____

Secondary Contact Name: _____

Phone number(s): _____

Signature: _____

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