



199 Post Road West  
Westport, CT 06880  
(203) 226-1231  
schulhofanimalhospital.com

## Hospital Boarding Registration

Boarding Dates: \_\_\_ / \_\_\_ / \_\_\_ - To - \_\_\_ / \_\_\_ / \_\_\_

Level of Care: 1 2 3 4

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Go Home Fresh Bath on: \_\_\_ / \_\_\_ / \_\_\_  Play Times : \_\_\_\_\_

### Feeding Info

Last Fed: \_\_\_\_\_

Name: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often: \_\_\_\_\_

### Medications

Name	Instructions	Last Given

Procedures / Vax / Other Info: \_\_\_\_\_

\_\_\_\_\_

**To protect your pet's health, dogs are required to have a negative fecal exam within 90 days of their stay, as well as proof of current vaccination status. Otherwise animals will be wormed or inoculated as necessary. Please be advised that if the Bordetella Vaccine is administered on the day your pet is dropped off, no guarantee can be made that your dog will not be at risk of catching Canine Cough. It takes up to 3 days for the vaccine to become effective.** Dogs that become extremely aggressive may be out-placed at the owner's expense in order to protect staff and the pet. The clinic and staff will not be held liable for any medical or behavioral difficulties that develop with the above pets while boarding, provided reasonable care and precautions are followed against injury, escape, or death. I understand that any such problems will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. I further release Schulhof Animal Hospital from any responsibility for personal belongings left with my pets. I assume responsibility for all charges incurred in the care of this animal, and that these charges will be paid at the time of release. I understand that a credit card number and expiration date will be required to reserve my pet's accommodation. In the event of payment default I will pay reasonable attorney's fees and costs of collection. If payment becomes 30 days past due, service charges at an a.p.r. of 18% and a \$5.00/month billing fee will be added to the balance due.

\_\_\_\_\_ Date \_\_\_\_\_

Owner or Responsible Party