

Winsted Hospital for Animals

319 New Hartford Road Barkhamsted, CT 06063

BOARDING ADMISSION FORM

Owner _____ Date _____

Street Address _____ Tel#(Home) _____

Town _____ Tel#(Cell) _____

Emergency Contact _____ Tel# _____

Pet's Name _____

Discharge date _____ AM PM

Belongings _____

Feeding: Type of food _____ AM _____ PM _____

Preventatives used: (Heartworm/Flea & Tick) _____ Last applied/given _____

Medication while boarding:

1: _____ at _____ AM _____ PM

2: _____ at _____ AM _____ PM

3: _____ at _____ AM _____ PM

MEDICAL SERVICES (at regular hospital fees)

Physical Exam _____ Fecal _____

Vaccinations _____ Pedicure _____

Heartworm/Tick Test _____ Bath _____

Additional Concerns/Questions _____

I authorize the Veterinarian(s) to perform the above procedures, diagnostic testing and subsequent medical treatment if deemed necessary for the health of my pet.

All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc) or they will be treated upon entry at the owner's expense.

Should an emergency situation arise, and I can't be reached at the listed numbers; I authorize the staff at Winsted Hospital for Animals to do whatever is necessary to treat my pet(s).

Payment is required when the animal(s) are released. Pets are only released during regular business hours.

_____ **Signature of responsible party**