



# Bishop Ranch Veterinary Center

## Medical Boarding Hospital Admittance Form

Veterinary Center  
& Urgent Care

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**MEDICAL BOARDING FEE: \$65 per day**

Admittance Date: \_\_\_\_\_

Date of Pick Up: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

The Veterinarian(s) your pet usually sees:

Dr. Cain     Dr. Delano     Dr. Dodd     Dr. Easton     Dr. Gilman     Dr. Ikezawa

Dr. Montoya     Dr. Peterson     Dr. Pogrel     Dr. Taylor     Dr. Utchen     Dr. Weaver

Dr. Williams

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

*Medical Boarding Fee: \$65/day*

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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