

# **BOARDING CAGE FORM**

For Hospital Use Only

Client Account Number \_\_\_\_\_

Check-In Date: \_\_\_\_\_

Check-Out Date: \_\_\_\_\_

**Pick-Up Time:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Bath:** *Yes No* **Date/Day to be Given:** \_\_\_\_\_

## Week # 1

| Date        | (Day 1) |     |    | (Day 2) |     |    | (Day 3) |     |    | (Day 4) |     |    | (Day 5) |     |    | (Day 6) |     |    | (Day 7) |     |    |  |
|-------------|---------|-----|----|---------|-----|----|---------|-----|----|---------|-----|----|---------|-----|----|---------|-----|----|---------|-----|----|--|
|             | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM |  |
| Attitude    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Appetite    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Urination   |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| BM          |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Diarrhea    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Vomiting    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Meds 1      |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| 2           |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| 3           |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| <i>Text</i> |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |

**Notes:**

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## Week # 2

| Date        | (Day 1) |     |    | (Day 2) |     |    | (Day 3) |     |    | (Day 4) |     |    | (Day 5) |     |    | (Day 6) |     |    | (Day 7) |     |    |  |
|-------------|---------|-----|----|---------|-----|----|---------|-----|----|---------|-----|----|---------|-----|----|---------|-----|----|---------|-----|----|--|
|             | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM | AM      | Mid | PM |  |
| Attitude    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Appetite    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Urination   |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| BM          |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Diarrhea    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Vomiting    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| Meds 1      |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| 2           |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| 3           |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |
| <i>Text</i> |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |         |     |    |  |

**Notes:**

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# **ANIMAL CARE CENTERS - BOARDING ADMISSION FORM**

**96 BARTLEY ROAD FLANDERS, NJ 07836  
(973) 584-4455**

Welcome to Animal Care Centers! We are so pleased that you have chosen us for your boarding needs. Your pet's stay is very important to us. To help our team assure your pet's stay is a pleasant experience, please take a few moments to provide us with as much of the following information below as possible.  
**(Please complete a separate form for each boarding pet!)**

Pet Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Food: (circle one) *Own Food/Type:* ( \_\_\_\_\_ ) *Hospital Supplied Food*

Bath: (circle one) *Yes No* Nails: (circle one) *Yes No*

Feeding Instructions: \_\_\_\_\_  
(Amount of food, number of meals per day, etc.)

Is your pet currently taking medications? (circle one) *Yes No*

|                      |                     |
|----------------------|---------------------|
| 1) Medication: _____ | Instructions: _____ |
| 2) Medication: _____ | Instructions: _____ |
| 3) Medication: _____ | Instructions: _____ |
| 4) Medication: _____ | Instructions: _____ |

Medical conditions or behaviors our staff should be aware of: \_\_\_\_\_  
(Health, disabilities, fears, phobias, peculiar personality traits, etc.)

Medical services requested: \_\_\_\_\_  
(Exam, vaccines, blood work, nail trims, etc. – Additional fees may apply)

Belongings: \_\_\_\_\_  
(Please Note: Animal Care Centers can not be responsible for lost, soiled or damaged belongings)

Would you like to receive text updates during your pet's stay? (circle one) *Yes No* Phone #: \_\_\_\_\_

Any **other** special instructions or requests you would like while your pet is staying with us? \_\_\_\_\_

Emergency Contact #1

Emergency Number

Emergency Contact #2

Emergency Number

**In case of emergency and when neither party can be reached, I authorize Animal Care Centers to treat my pet. I agree to pay all charges incurred for these services.**

Signature

Date