



Animal Care Centers
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Boarding Admission Form

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:** **MALE** **FEMALE**

Diet: *Hospital Supplied Food?* **YES** **NO**

IF NO, Own Food/Type: *(Brand name, wet or dry, etc.)*

Feeding Instructions: *(Amount of food, number of meals per day, etc)*

Is your pet currently taking medications? 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, 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? YES NO **Cell Phone #:** _____

Any other special instructions/requests you would like while your pet is staying with us?

Emergency Contact #1: _____ **Phone#:** _____

Emergency Contact #2: _____ **Phone#:** _____

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:** _____

(Please check one): I am the pet Owner I am an agent of the pet's Owner