

3667 Ridge Road  
Lansing, IL 60438  
Ph. 708-474-3100  
Fax 708-474-2870

Thank you for choosing to board your pet with us. In order to make this a smoother, more pleasant experience for you and your pet, we ask that you would take a few minutes to review our boarding guidelines and fill out the attached forms.

To prevent the spread of infectious diseases, all pets are required to be vaccinated. Dogs must have Rabies, Distemper-Parvo, Bordetella and a current fecal test. Cats must have Rabies, Feline Distemper and a current fecal test. We recommend that vaccinations are done prior to boarding to assure your pets immunity. Please bring proof of vaccinations and fecal test if done at another facility or supply the name and phone number so we can verify vaccine/test dates.

We routinely feed Hills Science Diet Maintenance. If your pet is on a special diet or you prefer a different food, please bring it with you. If you need a prescription diet and don't bring it, we will gladly sell you a bag to cover your needs. All pets are fed with disposable food bowls and we have plenty of blankets to make your pet more comfortable. We ask that you not bring these items.

There is a daily charge for administering medications to your pet while boarding. These rates are: \$7.00 to administer pills and \$8.00 for insulin injections.

You are welcome to bring treats, chew items or toys for your pet. Please limit these items. Mark all items with your pets first and last name.

We request that you take your pets collar and leash home with you.

**Thank You,  
The Staff of Ridge Animal Clinic**

# Boarding Admission Form

**Owners Name** \_\_\_\_\_  
**Pets Name** \_\_\_\_\_ **Breed** \_\_\_\_\_  
**Date of Admission** \_\_\_\_\_ **Date of Release** \_\_\_\_\_  
**Emergency Names and Numbers** \_\_\_\_\_

If medications are necessary for treatment or handling, I give my permission to Ridge Animal Clinic to administer such medications. I also authorize Ridge Animal Clinic to do whatever is necessary in case of an illness or in an emergency situation.

Your Initials Here \_\_\_\_\_

All animals entering the hospital must be up to date on vaccinations and free of external (fleas, ticks, etc) and internal (hookworms, roundworms) parasites. Any animal found to have fleas or ticks will be treated at the owner's expense. A fecal on all boarders must be current within six months, if not it will be checked and a fee will be charged accordingly.

All dogs boarding 6 (six) nights or more receive a free cleansing bath (no comb out). If you wish to have your dog bathed and he/she is here less than 6 nights, regular bathing fees apply.

- ★ Do you wish to have your pet bathed?      Yes ( )      No ( )
- ★ Have you brought your pet food with you?      Yes ( )      No ( )
- ★ What is your pet's feeding schedule? \_\_\_\_\_
- ★ Did you bring any special items with your pet?      Yes ( )      No ( )  
(chew toys, treats, etc.) Briefly describe \_\_\_\_\_
- ★ Medications? Please include directions \_\_\_\_\_

There is a daily charge for administering medications to your pet while boarding.

These rates are \$7.00 to administer pills and \$8.00 for insulin injections.

Please note additional services you would like while your pet is boarding with us: (fees for services vary)

Nail Trim \_\_\_\_\_ Express Anal Glands \_\_\_\_\_ Clean Ears \_\_\_\_\_ Other \_\_\_\_\_

## Disposition of Abandoned Animals

I understand and agree that any animal not picked up within 10 (ten) days of the date of mailing a notice to the owner at the address below set forth, by regular first class mail shall be deemed to have been abandoned by the owner, and may be disposed of by Ridge Animal Clinic in such a manner as the hospital deems appropriate. Said notice shall be deemed given on the date of mailing.

The undersigned certifies that he/she have read and fully understand this agreement and releases Ridge Animal Clinic and all employees, or officers thereof, from any and all liability with regard to the disposition of the animal. And agree to be financially responsible for all charges incurred by the hospital for the housing and disposition of the animal.

The undersigned further certifies that the undersigned is the owner or authorized responsible agent of the owner, and is authorized to execute this agreement.

Signature of the Owner or  
Responsible Agent \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Numbers (    ) \_\_\_\_\_ - \_\_\_\_\_    (    ) \_\_\_\_\_ - \_\_\_\_\_

Date \_\_\_\_\_