

# Hospital Observation Information Form

Patient's Full Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Patient's weight: \_\_\_\_\_ lbs.

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Procedures scheduled during boarding: Dental  OR Surgery

Is all your paperwork for the above procedures filled out? YES or NO

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## Food Instructions (please print)

Are we using: NVH's Food or Food From Home

How often: Once daily or Twice Daily



Amount per Feeding: \_\_\_\_\_

When was the last time he/she ate? \_\_\_\_\_



## Medicine Instructions (please print)

If you brought medication for your pet, please list them below:

1-2 meds a day is \$1 per dose 3 or more is considered medical boarding

1. \_\_\_\_\_  
Medicine Name Instructions

2. \_\_\_\_\_  
Medicine Name Instructions

3. \_\_\_\_\_  
Medicine Name Instructions

4. \_\_\_\_\_  
Medicine Name Instructions

When was the last time medication was given? \_\_\_\_\_

Special Instructions: \_\_\_\_\_





## Medical Consent While Here

At Newtown Veterinary Hospital we are dedicated to providing the best possible care for your pet. While your animal is boarding with us, our staff is trained to report any signs of illness. Some problems can be relatively minor, and in such cases (provided that your pet is not suffering) the issue will be discussed when the animal is picked up. However, if the need for immediate medical care arises, we may need to contact you so that the matter can be addressed promptly. **In the event that we cannot reach you, we remain obligated to provide whatever medical or emergency services are deemed necessary.** By signing this form, you are giving your consent to Newtown Veterinary Hospital to provide medically necessary emergent care to your pet while it is being boarded with us. Please note, any medical charges accrued during boarding are your responsibility and payment is requested at the time of pick up.

Additionally, in severe cases, animals may require transport to a 24-hour emergency facility. If such a need arises, Newtown Veterinary Hospital may be required to provide your name and contact information (home address, phone number, etc.) to that facility so that your pet can be admitted. By signing this form, you are allowing the release of your contact information by Newtown Veterinary Hospital to the emergency facility who is responsible for the continued care of your pet.

As always, your pet's well-being is our utmost concern. By entrusting us with your pet while you are away from home, we can continue to provide the level of compassion and care that you have come to expect for all of our patients at Newtown Veterinary Hospital.

Please sign below to acknowledge that you have received and read the above statements.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Contact Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Please Initial: \_\_\_\_\_ client  
\_\_\_\_\_ staff member