

Patton Veterinary Hospital  
425 East Broadway  
Red Lion, PA 17356

We're very happy that you have chosen to board \_\_\_\_\_ with the Patton Veterinary Hospital. We have reserved space(s) in our facility for \_\_\_\_\_ for the following dates: \_\_\_\_\_ through \_\_\_\_\_. Suggested admission times are between 9am-12 pm or 4-6 pm weekdays, 9am-12pm Saturdays, and 5pm-6pm Sundays.

Please keep in mind that to ensure the very best care of your pet, we ask you to answer the attached questions, which we will confirm at the time of drop-off. This may require 15 minutes or more, depending on your pet's needs and the status of other clients and patients in the waiting room.

We hope the following boarding information might be helpful. If you have any questions, please call us.

**Our hours are:**

<b>Monday through Friday</b>	<b>8:00 A.M. – 8:00 P.M.</b>
<b>Saturday</b>	<b>8:00 A.M. – 2:00 P.M.</b>
<b>Sunday</b>	<b>5:00 P.M. – 6:00 P.M.</b>

We are closed for pick-ups/admissions on all major holidays and 1:00pm-3:00pm on all Thursdays for staff meetings and educational seminars.

All guests are charged for the day of check-in regardless of arrival time. If check-out occurs before noon, there is no charge for that day. Please be advised that we are not staffed 24 hours a day. If you feel your pet needs overnight care, a different option may be in the best interest of your pet.

For the safety of your pet, and all the pets in our care, we require that all boarding animals are current on all vaccines (including feline leukemia for cats) prior to boarding.

**BOARDING RATES**

<i>Dogs:</i>	\$18.00 per day
<i>Dogs with Camera Access:</i>	\$23.00 per day
<i>Cats:</i>	\$16.00 per day
<i>Boarding for Diabetics:</i>	\$25.00 per day (medication supplied by owner)

*Late fee* (if pet not picked up on day scheduled): \$5.00 additional per day

Feel free to check on your pet! Call (717) 246-3611.

Thank you for choosing Patton Veterinary Hospital!

Yours Sincerely,

---

**Patton Veterinary Hospital (PVH) Boarding Sheet**

**\*\*\*PLEASE COMPLETE AND RETURN TOP PORTION WITH YOUR PET\*\*\***

Patient Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Boarding dates \_\_\_\_\_

**Belongings Left:** please label ALL items. We can supply all your pet's needs.

None \_\_\_\_\_ Blanket \_\_\_\_\_

Bed \_\_\_\_\_ Toys \_\_\_\_\_

Treats \_\_\_\_\_ Other \_\_\_\_\_

Leashes \_\_\_\_\_

**Food Type (PVH/OWN)** \*PVH serves EN\* Please indicate if your pet receives wet/dry or both types of food as changes in feeding may cause diarrhea.

Quantity: \_\_\_\_\_

Times a day:  
\_\_\_\_\_

**Special Procedures( Bath, Bordatella, Nail Trim etc)**  
\_\_\_\_\_  
\_\_\_\_\_

**Alerts: (Allergies etc)**  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* For the Animal Care Staff\*\*\*\*\*

Flea Combed: Positive \_\_\_\_\_ Negative \_\_\_\_\_ Owner informed \_\_\_\_\_

Treatment \_\_\_\_\_

**Reweight Pets Every Three Days**

<u>Date</u>	<u>Weight</u>	<u>Initial</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Medications:</u>	<u>Name:</u>	<u>Dose:</u>	<u>Frequency:</u>	<u>Initial Count:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BOARDING CONSENT FORM SIGNED**

---