

**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 Frank 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. At the time of admission a nurse will go over the history of the patient and ensure all information is accurate. For your pet's safety, in the event that he/she does not eat while they are here, we will perform a glucose check to ensure the pet's sugar levels are appropriate. This will be done by the supervising attending doctor. These charges are not included in regular diabetic boarding and will only be performed if necessary.

Please make sure patients insulin/needles/ and food are all brought in for their entire stay here. If the owners are not admitting the pet please make sure the person bringing in pet is familiar with the history.

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**

Boarding for Diabetics	\$25.00 per day (medication/supplies are provided by owner)
Insulin syringes are	\$1.10 per day (if owner did not provide enough)
<i>Late fee</i> (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:** \_\_\_\_\_

**Is your pet's appetite:** Increased \_\_\_\_\_ Normal \_\_\_\_\_ Decreased \_\_\_\_\_

**Is their thirst:** Increased \_\_\_\_\_ Normal \_\_\_\_\_ Decreased \_\_\_\_\_

**Is their urine production:** Increased \_\_\_\_\_ Normal \_\_\_\_\_ Decreased \_\_\_\_\_

Have there been any vomiting/diarrhea/changes in energy levels? \_\_\_\_\_

**INSULIN TYPE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**What time was the insulin last given today:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Alerts: (Allergies etc)**

\_\_\_\_\_  
\_\_\_\_\_

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

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

**Treatment** \_\_\_\_\_

**Reweigh Pets Every Three Days**

**Date**                      **Weight**                      **Initial**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**      **Name:**                      **Dose:**                      **Frequency:**                      **Initial**  
**Count:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BOARDING CONSENT FORM SIGNED** \_\_\_\_\_

**Nurse admit name:** \_\_\_\_\_

