

Boarding Admission Form

PLEASE PRINT

Pet Name: _____ Owner Name: _____ Wt: _____

Arrival Date: _____ Departure Date: _____

*Email: _____

*Emergency Number: _____

Please leave us any concerns you would like the doctor to address during your pet's stay.

While my furry friend is here, please dp the following services:

- | | |
|---|--|
| <input type="checkbox"/> Check teeth for cleaning | <input type="checkbox"/> Annual Vaccines |
| <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Fecal Test |
| <input type="checkbox"/> Pedicure | <input type="checkbox"/> Heartworm/ Lyme test (Accuplex) |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Grooming (Mondays) |
| <input type="checkbox"/> Other (please specify) | |

I will need more:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Heartgard | <input type="checkbox"/> Medication refill |
| <input type="checkbox"/> NexGard | <input type="checkbox"/> Pet food |

Diet:

I'm providing my own pet food Y() N()
If not, your pet will be enjoying our natural foods here.
Feeding instructions:

Medical Boarders:

Is your pet on any medication that must be administered while boarding? Y() N()
If so, please list each medication along with directions.

Medication:	Directions:
1 _____	_____
2 _____	_____
3 _____	_____

Outside play time: (at no extra cost in our 1-2 acres of fenced in play area)

My dog is good with other dogs and I would like my dog to play outside with others: Y() N()

Cross River Animal Hospital is not liable for injuries that may occur during group playtime

Cross River Animal Hospital
810 Route 35, Cross River, NY. 10518

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Boarding Prices:

- | | |
|---------------------------------|--|
| 1. Daily board dog up to 40 lbs | 7. Medical Daily board dog up to 40 lbs |
| 2. Daily board dog 41- 65 lbs | 8. Medical Daily board dog 41- 65 lbs |
| 3. Daily board dog 66- 90 lbs | 9. Medical Daily board dog 66- 90 lbs |
| 4. Daily board dog 91- 100 lbs | 10. Medical Daily board dog 91- 100 lbs |
| 5. Daily board dog over 101 lbs | 11. Medical Daily board dog over 101 lbs |
| 6. Daily board cat | 12. Medical Daily board cat |

* 14 days and longer boarding requires 50% deposit at the day of admission

* Special consideration given for long term boarding

*** Please remember:**

We have plenty of warm and comfortable blankets here for everyone to sleep on; and plenty of toys to go around so there is no need to bring anything from home.

Method of Payment: we accept Visa, MC, Cash and Check. (*must be a client for longer than 6 months to pay with a check) ***NO CHECK for the first time visit. Cash or Credit Card only with ID**

**** We Do Not Accep AMEX Card**

Signature required:

* In the event that my pet is in need of medical attention; I authorize the hospital to provide whatever treatment is necessary within reason until I can be reached.

* If sedation is necessary for treatment or handling, I give my consent to the hospital staff to administer such medications.

* If my pet is admitted as a medicated boarder, I authorize the hospital staff to administer medications prescribed by the doctors. I understand that if the medication runs out while boarding it will be refilled by the hospital, at a prescribed cost.

* I understand that the payment for services rendered is due upon discharge of my pet(s).

All animals entering the hospital must have current vaccinations and be free of parasites (i.e. fleas, ticks, internal [parasites]). If any animal is not current on vaccinations or show signs of parasitic infestation he/she will be treated at the owner's expense

Pick up times:9:30 am - 1:00 pm "NO Sunday" or "NO Holiday" pick-ups

There will be a \$25.00 late fee charge for pick up after 1:00 PM

Client Signature: _____

Date: _____

I authorized and acknowledge treatment & financial responsibility for veterinary / boarding / surgical / daycare/ grooming services rendered at the Cross River Animal Hospital. I understand that I am responsible to pay for uncollected fees, accrued interest, postal fees, and anu expenses incurred by attorneys, collection agencies and / or medical and clerical research time due to non-payment. I also authorize the use of my credit card on file to pay for services rendered and any unpaid / outstanding balances. I am the owner / agent of the pet named above the authority to execute this contract and an of 18 years or older.