

Cross River Animal Hospital

810 Route 35, Cross River, NY. 10518 *Phone: (914) 763-8121 *Fax: (914)763-9325

Boarding Admission Form

PLEASE PRINT

Pet name: _____ Owner name: _____

Arrival date: _____ time: _____ Departure date: _____ time: _____

*Email: _____

*Emergency Numbers: _____

Diet:

Will you be providing your pet's food for boarding? Y [] N []

If not, your pet will be enjoying our natural foods here.

Feeding instructions:

*Medical Boarders:

Is your pet on any medications that must be administered while boarding? Y [] N []

If so, please list each medication along with directions.

Medication: 1. _____ Directions: _____

2. _____

3. _____

**** All medicated boarders will be given a brief physical exam upon admission to insure medications are administered appropriately. The examination fee is included in the daily medicated boarder rate.**

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

I would like my dog to play outside with others: Y [] ** N []

**** Cross River Animal Hospital is not liable for injuries that may incur during group playtime.**

Services you would like provided during your pets stay:

1. Pedicure []
2. Teeth hand scaling []
3. Fecal test []
4. Heartworm/Lyme test []
5. Bath []*
6. Other [] please specify: _____

Bath [] * pets stays 7 days or longer are entitled to a free bath. Even well trained dogs occasionally get dirty when boarding. We STRONGLY recommend bathing dogs before discharge.

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Boarding prices are pet specific so call for a quote.

*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**

Credit card on file [] Cash [] Check []

Credit card # _____ Exp. Date: _____ Verification code: _____

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 shows signs of parasitic infestation he/she will be treated at the owner's expense.

Drop off times 1:00 pm – 4:00 pm

Pick up times: 8:30 am – 1:30 pm

No Sunday or holiday pick-ups

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

Signature: _____

Date: _____

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