

For Staff Use Only
Time Out:

Time In:



810 Route 35
Cross River, New York 10518
(914) 763-8121

Boarding Admission Form

Pet's Name: _____ Owner's Name: _____
Weight: _____

Arrival Date: _____ Departure Date: _____
A boarding stay of 14 days and longer requires a 50% deposit upon admission

Emergency Contact Information

E-Mail Address: _____

Phone Number: _____

Please list any concerns you would like the staff to be aware of during your pet's stay:

During their stay, I would like my pet to have the following services/products:

- Check Teeth for Cleaning (if deemed necessary proceed with cleaning)
- Anal Gland Expression
- Pedicure
- Bath
- Annual Vaccines
- Fecal Test
- Heartworm/Lyme's Test
- Grooming
- Medication Refill (Please specify: _____)
- NexGard/NexGard Plus/Heartgard (Please specify: _____)
- Other:

Diet:
 I am providing my own pet food
 I would like my pet to have the natural foods Cross River Animal Hospital provides

Does your pet have any food allergies/diet restrictions?

Feeding Instructions: _____

Medications:

My pet is on medication that must be administered while boarding

For medical boarders: I authorize the Cross River Animal Hospital staff to administer medications as prescribed. I understand that if this medication is depleted while my pet is boarding, it will be refilled at prescribed cost.

Please Initial _____

Please list all medications & directions:

Outside Play Time:

In our 1-2 acres of fenced in play area at no extra cost

- I would like my dog to play outside with other boarding dogs.
 I would like my dog to play outside individually.

I understand that Cross River Animal Hospital is not liable for any injuries that may occur during group playtime.

Please Initial _____

All animals entering the boarding facility must be current on mandatory vaccinations. For canines this includes: Rabies, Distemper, Leptospirosis, Kennel Cough & Influenza-as well as a fecal test. For Felines this includes Rabies-as well as a fecal test. All animals must be free of parasites (i.e. fleas, ticks & internal parasites). A recently performed fecal test is required. These services can be provided by Cross River Animal Hospital upon admission of your pet.

I have read & understand the above statement & authorize Cross River Animal Hospital to update any necessary vaccinations and/or perform a fecal test for my pet. I accept financial responsibility for these services. If the fecal test results return positive for parasites-I authorize Cross River Animal Hospital to provide & administer the necessary medications & I acknowledge that while my pet is on these medications, they will be considered a medical boarder.

Please Initial _____

In the event of an emergency & my pet is in need of medical attention-I authorize Cross River Animal Hospital to provide whatever treatment is necessary, within reason, until I can be contacted. If, in this situation, sedation is necessary for the handling or treatment of my pet-I give my consent to administer such medications.

Please Initial _____

Drop Off and Pick Up Monday-Friday:

Pets must be dropped off by 3:00pm.
Pets may be picked up between 9:30am-1:00pm.
There will be a \$25.00 late pick up fee after 1:00pm.
Pets must be picked up by 4:30pm. The office will be closed at 5:00.

Drop Off and Pick Up on Saturday

Pets must be dropped off by 2:00pm.
Pets may be picked up between 9:30am-1:00pm.
There will be a \$25.00 late pick up fee after 1:00pm.
Pets must be picked up by 2:30pm. The office will be closed at 3:00.

We do not offer pick ups on Sundays or Holidays

Daily Boarding Boarding (Daily)	Medical
Dogs up to 40 lbs	Dogs up to 40 lbs
Dogs 41-65 lbs	Dogs 41-65lbs
Dogs 66-90 lbs	Dogs 66-90 lbs
Dogs 91-100 lbs	Dogs 91-100 lbs
Dogs over 101 lbs	Dogs over 101 lbs
Cats	Cats

For pets boarding for 14 days or more, we offer a complimentary bath

We accept Visa, Mastercard, American Express and Cash.

We will accept payment via check for clients of at least six months.

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

Client Signature: _____

Date: _____

I authorized and accept financial responsibility for veterinary/boarding/surgical/daycare/grooming services that are rendered at the Cros River Animal Hospital. I understand that I am responsible to pay for uncollected fees, accrued interest, postal fees, and any expenses incurred by attorneys, collections agencies, and/or medical & 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, I am 18 years or older and have the authority to execute this contract.