

MEDICAL BOARDING INFORMATION FORM

County Animal Hospital
49 Congers Road
New City, NY 10956
(845) 634 - 4607 Fax: (845) 634 - 6615

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- ◆ County Animal Hospital is pleased to offer medical boarding as a service to our clients. To help us better care for your pet please answer the following questions:

1) Pet's Name: _____ Owner's Name: _____

2) Which pet-food do you feed your pet?

3) When did your pet last eat?

4) Does your pet require a special diet or feeding schedule?

5) Please list any medications your pet is taking:

NAME OF MEDICINE:	AMOUNT GIVEN:	HOW OFTEN	LAST GIVEN
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6) Does your pet have any problems about which we should be aware?

7) Do you want your pet to receive a bath while boarding (Please ask about the **extra charge** for this)? _____

8) While my pet is boarding I can be reached at: (_____) _____ - _____ or (_____) _____ - _____

9) On what day do you plan to pick up your pet? _____ / _____ / _____

10) If you are unable to pick up your pet to whom do you give us permission to release your pet? *

*(Prepayment is required in this instance)

◆ Name and relation: _____
Name Relation

10) In case of illness I request County Animal Hospital to treat my pet as necessary at my expense.

◆ Signature: _____

◆ **DISCHARGE WILL BE DURING OFFICE HOURS AFTER 12 NOON (MONDAY thru FRIDAY), AND PETS WHO WILL RECEIVE A BATH SHOULD BE PICKED UP AFTER 4 PM. FURTHERMORE, ON SATURDAYS PETS SHOULD BE PICKED UP BEFORE 12 NOON REGARDLESS OF WHETHER THEY ARE TO RECEIVE A BATH OR NOT. Please call the hospital prior to coming for your pet. THERE ARE NO SUNDAY OR HOLIDAY PET DISCHARGES. ALL FEES ARE PAYABLE AT TIME OF DISCHARGE.** We accept Cash, Check, Visa, Master Card, Discover, and American Express. There will be no billing for this service.

Today's Date: _____ / _____ / _____

Admitting Receptionist's Initials: _____