

Rye Harrison Veterinary Hospital
170 North Street
Rye, NY 10580
914-921-2000

Boarding Admission Form

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 or she will be treated at the owner's expense.

Owner _____ Date _____
Address _____ Tel. Home _____
Tel. Work _____ Tel. Cell _____
Emergency Contact _____

Pet's Name _____ Breed _____ Age _____ Color _____ Sex _____
Expected pick-up date _____ AM [] PM []

****Please be advised that pick-up time is 12: 00 Noon. If you pick-up after 12:00 Noon, you will be charged for the day. If your pet is having a bath or is being groomed on the day of discharge you will not be charged for that day's boarding.**

Diet

Which diet do you feed at home? _____

Have you provided your pet's food for boarding? Y [] N []

Will your pet be eating our food? Y [] N []

Feeding instructions _____

Medical Boarders (additional fee applies)

Is your pet on any medication 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 and discharge from the hospital. The examination fee is included in the daily medicated boarder rate.**

**Rye Harrison Veterinary Hospital
170 North Street
Rye, NY 10580
914-921-2000**

Boarding Admission Form

Additional Services Please check all that apply (additional fees will be applied)

Physical Exam	[]	Bath:	Regular	[]
Vaccinations	[]		Medicated	[]
Heartworm Test	[]		Flea & tick	[]
Fecal Exam	[]	Professional Grooming		[]
Nail Trim	[]	Extra Walks		[]

***In the event that my pet becomes injured or ill while boarding I authorize the hospital to provide whatever treatment is necessary for my pet.**

***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 the prescribed cost.**

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

Signature _____

Date _____