



**VALLEY COTTAGE ANIMAL HOSPITAL**

202 Route 303, Valley Cottage, NY 10989

Phone:845-268-9263 Fax:845-268-0516

www.valleycottageanimalhospital.com



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**MEDICAL BOARDING ADMISSION / RELEASE FORM**

Entry Date: \_\_\_\_\_ Departure Date & Approx. time: \_\_\_\_\_

Bath: Full Service? \_\_\_\_\_ Clean Up?: \_\_\_\_\_ On What Date?: \_\_\_\_\_ In Computer?: \_\_\_\_\_

(Medical clean-up bath will be given if dog stays 2 nights)

Vaccinations: If performed elsewhere we need proof of vaccine status. If we administer the vaccines, we must perform a physical examination (estimate provided upon request). Client Initial: \_\_\_\_\_

Vaccine Label Here (Office Use)

Feeding Instructions: Own Food  Our food

Amount of Dry Food: \_\_\_\_\_ Times per day

Amount of Canned Food: \_\_\_\_\_ Times per day

Does pet need to be fed today? \_\_\_\_\_ When? \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ AM \_\_\_ Noon \_\_\_ PM \_\_\_

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Does medication need to be given today? \_\_\_\_\_ When? \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Medical Illness policy:** If your pet becomes ill we will call the emergency number you provided for an update on your pet's condition. If no one can be reached, any medical procedures deemed necessary by the attending veterinarian to relieve immediate discomfort or to resolve an important medical issue will be performed at the owner's expense.

**Client Initial:** \_\_\_\_\_

**I fully intend to pick up my pet on the departure date stated above. If circumstances change, I will call.**

I understand that all accrued charges are to be paid upon discharge of my pet.

Signature \_\_\_\_\_

Cell \_\_\_\_\_ Alternate Phone for You \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Thank you for entrusting us with your pet's care!

The Doctors and Staff at Valley Cottage Animal Hospital

Receptionist Check-In: \_\_\_\_\_ Doctor Check-In: \_\_\_\_\_