BOARDING ADMITTING FORM

We would like to make your pet’s stay with us as comfortable as possible.

Thank you for taking the time to complete this form. Please fax to: 914-723-2856

 Or e-mail form :  BESTVETS.NET@GMAIL.COM

 Or please bring completed form with you.

# Pet’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_ Admitting Tech/Assistant \_\_\_\_\_\_\_\_

ARRIVAL DAY / DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PICK UP DAY / DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can your emergency contact make decisions for your pet’s health? YES\_\_\_\_ NO\_\_\_\_**

**Should we contact you with lab results or if your pet becomes ill during your vacation? NO\_\_\_\_ YES\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*NOTE: If necessary, we will medically care for your pet if we cannot reach you.**

 **This may incur additional charges. Please Initial Here: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. FEEDING INSTRUCTIONS** (1, 2, or 3 times per day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We provide an easy-to-digest diet of Low Residue and I/D Prescription foods for dogs. We provide Fancy Feast, Whiskers, and Low Residue Dry for cats.**

### Has your pet already been fed today? **YES \_\_\_ NO \_\_\_**

SPECIAL DIET (Brought with you): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 2. MEDICATION and DIRECTIONS: (Brought with you \_\_\_\_ OR Hospital supplied \_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Has the medication already been given today? **YES \_\_\_\_ NO \_\_\_\_\_**

**3. ADDITIONAL SERVICES REQUESTED:** EXAM: **YES \_\_\_ NO \_\_\_\_\_**

If yes, what is the reason for the exam?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# VACCINES: YES \_\_\_ NO \_\_\_\_ NAIL CLIP: YES \_\_\_\_ NO \_\_\_\_

# VACCINE TITER: YES \_\_\_\_ NO \_\_\_\_ EAR FLUSH: YES \_\_\_\_ NO \_\_\_\_

# GERIATRIC BLOOD SCREEN: YES NO BATH: YES \_\_\_\_ NO \_\_\_\_

OTHER REQUESTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartworm Test: **YES \_\_\_\_ NO \_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# 4. Has your pet had any of the following with the last 2 weeks?

# VOMITING? YES \_\_\_ NO \_\_\_\_ DIARRHEA? YES \_\_\_\_ NO \_\_\_\_

SNEEZING? **YES \_\_\_ NO \_\_\_**  COUGHING **YES \_\_\_\_ NO \_\_\_\_**

LOSS OF APPETITE? **YES \_\_\_ NO \_\_\_** LIMPING? **YES \_\_\_\_ NO \_\_\_\_**

EXCESSIVE DRINKING? **YES \_\_\_ NO \_\_\_** ITCHING? **YES \_\_\_\_ NO \_\_\_\_**

**5. PLEASE LIST ANY OTHER SPECIAL INSTRUCTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will owner be picking up the pet? YES \_\_\_ NO \_\_\_** (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**\*\*\*\*\*Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail (so that we may update you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Although we accept towels & toys, we cannot guarantee the return of these items. Are you leaving an item? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*Please initial here, understanding that your item may not be returned: \_\_\_\_\_\_**

**\*\*We cannot accept beds, as we promise a flea free environment to all boarders.**