

Hartsdale Veterinary Hospital Boarding Agreement

Owner's Name _____

Pet's Name _____

Date Your Pet Is Boarding at Hartsdale Veterinary Hospital _____ To _____

In Case of Emergency, I Can Be Reached At _____

Emergency Contact Person _____

Is This Person Authorized To Make Medical Decisions In An Emergency? Yes ? No
?

Emergency Contact Person's Phone Number _____

Medical Condition Yes ? No ? , If Yes Please Explain _____

Feeding Instructions _____

Any Additional Information You Feel We Should Know About _____

I certify my pet is current on vaccines and understand that if fleas are found on my pet, my pet will be given a flea preventative and this additional charge will be added to my invoice.

Signature of Owner _____ Date _____