



# Albany County Veterinary Hospital

*All Pets Must Be Up to Date  
on Vaccines and Must Be Flea  
and Tick Free Upon Admittance!*

## BOARDING INFORMATION FORM

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Emergency Contact (with phone #): \_\_\_\_\_

We supply clean bedding, food, and water dishes. Please list any personal belongings that you are leaving with your pet. We cannot be responsible for any damage to items left with your pet:

Feeding Instructions:    OWN FOOD                      KENNEL FOOD (dry and/or can)

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_ Next Feeding Due: \_\_\_\_\_

If your pet has diarrhea while here, may we change their diet to a prescription bland diet?    **YES**            **NO**

Is your pet on medication?    **YES**            **NO**    If yes, please fill out the table below:

Drug	Amount	Frequency	Last Administered

Treatment Consent (please select **one**):

- i) Provide medically necessary treatment and diagnostics for my pet regardless of additional cost \_\_\_\_\_
- ii) Contact me at the above contact number before treating my pet. \_\_\_\_\_
- iii) Treat my pet as needed, but do not exceed \$ \_\_\_\_\_. I understand that if the proposed treatment exceeds the amount designated and I cannot be reached at the above provided contact number, my pet will NOT receive further medical treatment. \_\_\_\_\_

If my pet requires treatment or an exam, please: **Notify me during their stay**    **OR**    **Notify me at pickup**

Please walk my dog outside on a leash in a fenced in area                      **YES**            **NO**

I would like my dog to receive a bath before going home (please inquire about our current fee schedule)                      **YES**            **NO**

I would like my pet to have a fecal while boarding                      **YES**            **NO**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_