



West Hempstead Animal Hospital

"We Have A Heart"

516-483-9720

BOARDING CONSENT FORM

TODAY'S DATE: _____

LAST NAME: _____

PET(S) NAMES: _____

DATES FOR BOARDING:

DROP OFF: _____

PICK UP: _____

WHERE YOU'LL BE (HOTEL & CITY, etc.): _____

PHONE NUMBER, if known: _____

YOUR CELL PHONE NUMBER: _____

EMERGENCY CONTACT NAME/NUMBER, if you are unreachable: _____

PLEASE LET US KNOW IF SOMEONE OTHER THAN YOUR IMMEDIATE FAMILY IS GOING TO PICK OUR PETS)

AUTHORIZED PERSON(S) NAME(S): _____

IS YOUR PET CURRENTLY ON FLEA PREVENTION? Circle: yes no
If not, we will apply one dose (additional fee of \$12 - 17)

FEEDING INSTRUCTIONS: _____

SPECIAL NEEDS: _____

ESTIMATED FEE FOR CARE: _____

YOUR SIGNATURE: _____