



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 #): _____

Pet's Usual Diet: _____

Amount / Frequency: _____

Is your pet on medication? _____

Drug: _____ Amount: _____ Frequency: _____

Drug: _____ Amount: _____ Frequency: _____

Drug: _____ Amount: _____ Frequency: _____

Drug: _____ Amount: _____ Frequency: _____

I give permission to:

1. Walk my pet outside

YES

NO

2. Treat my pet, if necessary

YES

NO

I would like my pet to receive a bath prior to going home.
(Please inquire about current fee schedule)

YES

NO

I would like to have my pet's stool examined for parasites
while boarding.

YES

NO

Signature: _____ Date: _____