

**Animal Medical Hospital of Centereach**  
**(631) 585-5353**  
**Boarding Admission Form**

**Date of Departure:** \_\_\_\_\_  
**Client Last Name:** \_\_\_\_\_ **Pet's name:** \_\_\_\_\_  
**Species:** CANINE FELINE AVIAN REPTILE OTHER **Breed:** \_\_\_\_\_

**Emergency contact(s):**

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Instructions on How To Feed Pet During Visit:**

EX: Amount to give per serving, mix canned/dry food, soften food with water, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Did you bring your pets own food? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Did pet already eat today? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\*Please note that any items left are at the discretion of the owner\*

**If your pet is on medication, please list medications and directions:**

\_\_\_\_\_

\_\_\_\_\_

\*Administering any medications incurs an additional fee. Please ask a receptionist for details\*

**Is your pet currently on a flea and/or tick prevention product? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please list the product name:** \_\_\_\_\_ **and date of last application** \_\_\_\_\_

**Is your pet currently on a heartworm prevention product? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please list the product name:** \_\_\_\_\_ **and date of last application** \_\_\_\_\_

**Additional Services Offered:**

While your pet is boarding with us, we can: \*Please check all or any that apply, additional charges apply\*

Give Pet A Bath \_\_\_\_\_ (\$25) Cut Pets Nails \_\_\_\_\_ (\$20) Clean pets ears \_\_\_\_\_ (\$15) Express Anal Glands \_\_\_\_\_ (\$20)

**We also offer professional grooming by Julie K., If you would like a professional grooming check here** \_\_\_\_\_

**Date of professional grooming will be:** \_\_\_\_\_

\*Please ask receptionist to schedule the grooming and provide you with a price\*

**BOARDING POLICY / REQUIREMENT**

You are required to provide us with substantial medical records indicating that your pets vaccinations (Rabies, Distemper and Bordetella) are up to date, and that a negative fecal exam was done within the last six (6) months. If records are not provided, we will update your pets health records at your (the owners) expense. You will be made aware of this, and an estimate can be provided. You must be present for the examination.

**I have read, understand, and agree with this requirement/policy. Initial** \_\_\_\_\_

**MEDICAL ILLNESS POLICY**

If your pet(s) becomes ill, we will call the emergency contact number listed above regarding your pets symptoms, treatment options, and an estimate of additional costs. If no one can be reached, we will perform the necessary treatments to relieve immediate discomfort or to resolve an important medical emergency. This includes non-elective treatments and surgery. ***I hereby authorize Dr. Charles Greco, DVM, the Animal Medical Hospital and it's associated Doctors and staff to administer treatments as he/they consider therapeutically and or diagnostically necessary for my pets. I hereby release Dr. Charles Greco DVM, the Animal Medical Hospital, and it's associated doctors and staff from any and all claims, legal or equitable; arising out of the treatment rendered by him, and affirm that no guarantee or assurance has been made to the results that may be obtained. I have read an understand the above statements.***

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Owner/Authorized agent**