



PETCHESTER VETERINARY MEDICAL BOARDING FORM

309 White Plains Road

Eastchester, NY 10709

T-914-771-7387 F-914-771-7385 E- petchestervets@gmail.com

OWNER CONTACT INFORMATION		
Owner's Name	Pet's Name	Date
Street Address		Apt./Unit
City	State	ZIP
Home Phone #	Contact Phone # while pet is boarding	
Start Date	End Date	E-mail Addresses
Emergency Contact Name and Phone #		
<p>**I authorize my emergency contact individual as the appointed agent to make medical and financial decisions in my absence and when I am not reachable by phone.</p> <p>Signature _____</p>		
PET INFORMATION		
Name	Age/Date of Birth	
Species Dog _____ Cat _____ Bird _____ Reptile _____ Ferret _____ Rabbit _____ Rodent _____ Other _____		
Breed	Color/Markings	Gender
Microchipped No _____ Yes _____ If yes, brand _____	Spayed or Neutered No _____ Yes _____ If yes, date _____	
Dog Vaccinations: Distemper _____ Parvovirus _____ Adenohepatitis _____ Bordetella _____ Other(s) _____ Date Rabies _____ tag # _____ Date of Fecal _____ Results _____ Date of Heartworm _____ Results _____ Flea and Tick Preventative _____	Cat Vaccinations: FVR _____ Calicivirus _____ Panleukopenia _____ FeLV _____ Other(s) _____ Date of Rabies _____ tag# _____ Date of Fecal _____ Results _____ Date of FeLV/FIV test _____ Results _____ Flea and Tick Preventative _____	
Current Illnesses and/or Medications No _____ Yes _____ If yes, please list name of medications, dosage, and frequency and when last dose and quantity given.		
Medications _____ Dose _____ Frequency _____ Time and Day Last Given _____		
Medications _____ Dose _____ Frequency _____ Time and Day Last Given _____		
Please list any known allergies to food, drugs, insect bites....		
What is your pet's current diet, feeding schedule? Please list brand names of food, quantities, and frequency.		
Dry Food _____ Canned Diet _____ Treats _____ Other _____		
Personal Items Left With Pet (Please check and describe all items left with your pet)		
collar _____ leash _____ carrier _____ food _____ medications _____ pet beds/blankets _____ toys _____ other _____		

PET INFORMATION

HEALTH PREVENTION: To protect the health and safety of all the pets boarding at Petchester Veterinary, your pet must be current on vaccinations and have had a complete examination at our hospital within the last 2 years. Animals must also be on flea and tick preventives and have had a negative fecal test within the last 12 mos. for cats and within 6 mos for dogs. If any of these are not current, then these services will be performed upon admission to board in our hospital at the owner's expense.

UNEXPECTED ILLNESS: If your pet becomes ill or requires some form of medical attention during his/her boarding, we will try to first contact you or your appointed agent, but, in case, of an emergency, we will treat your pet at the owner's additional expense.

OWNER OR AGENT SIGNATURE

I hereby certify I am the owner or appointed agent for the pet listed above and authorize the boarding and/or necessary treatment of the above animal and understand payment is due at time of service and/or discharge.

Signature _____

Date _____