



WOODSIDE PET HOSPITAL



50-10 69th Street, Woodside NY 11377

718-505-8080

BOARDING

Client Information

Pet Information

Last Name _____ Name _____

First Name _____ Sex _____

Address _____ Spayed/Neutered _____

City/State/Zip _____ Species/Breed _____

Telephone _____ Color _____

Emergency Phone _____ Age _____

Leash/Collar Color _____

Detailed Instructions:

Needs: Y N

Grooming _____ # of Days Boarding _____

Vaccines _____ Total Estimate _____

Exam _____ Deposit _____

Flea Prev. _____ Balance _____

Up to date with required vaccines/ flea prevention? _____

Schedule Appointment for Grooming before Discharge? _____ Date/Time _____/____

You are to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop, provided reasonable care and precautions are followed. I also authorize any anesthesia/sedation use if necessary. I understand that any problems with my pet while I am absent will be treated as deemed necessary by the staff veterinarians, and I assume FULL RESPONSIBILITY for the treatment expense involved. If I neglect to pick up my pet within 3 days of the discharge date below, and do not notify you within that time frame, you may assume that the pet has been abandoned and are hereby authorized to dispose of the pet as is deemed necessary.

Print Name: _____

Signature _____

Date _____