



# WOODSIDE PET HOSPITAL



50-10 69<sup>th</sup> Street, Woodside NY 11377

718-505-8080

## BOARDING

### Client Information

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Emergency Phone \_\_\_\_\_

### Pet Information

Name \_\_\_\_\_  
Sex \_\_\_\_\_  
Spayed/Neutered \_\_\_\_\_  
Species/Breed \_\_\_\_\_  
Color \_\_\_\_\_  
Age \_\_\_\_\_  
Leash/Collar Color \_\_\_\_\_

Detailed Instructions:

Needs: Y N

Grooming \_\_\_\_\_

Vaccines \_\_\_\_\_

Exam \_\_\_\_\_

Flea Prev. \_\_\_\_\_

# of Days Boarding \_\_\_\_\_

Total Estimate \_\_\_\_\_

Deposit \_\_\_\_\_

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 \_\_\_\_\_