

North Fork Animal Hospital Boarding/Bath Check In

Owners Name: _____ Breed: _____

Pet's Name: _____ Color: _____ Weight: _____ lbs. _____ oz.

Medication	Dosage	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

Food	Canned/Dry	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

****All boarders are fed HILS SCIENCE DIET unless otherwise specified****

Special Instructions:

Walking: 1 or 2 times a day Nails _____ Reg. Bath _____ Med. Bath _____ Microchip _____

****PLEASE NOTE**** Personal items may not be returned due to soiling, damage, etc. However, we will do our best to return your items.

Leash _____ Collar/Harness _____ Food _____ Toys _____ Bedding _____ Meds _____

Vaccination Policy

North Fork Animal Hospital requires ALL pet's vaccinations to be current or owner must provide documentation as proof thereof. Dogs require Distemper, Rabies, Bordetella, and Influenza. Cats require Distemper, Rabies, and Bordetella. All pets need to have a fecal exam within the last year. If your pet is not current on vaccinations and or a fecal analysis at the time of admission, or we have not been given current records, a doctor will examine your pet and the following vaccines will be administered:

CANINE

- ___ BORDETELLA
- ___ DA2PP (Distemper)
- ___ RABIES
- ___ LYME
- ___ 4DX (heartworm/tick disease combo test)
- ___ LEPTO (Leptospirosis)
- ___ FECAL
- ___ INFLUENZA

FELINE

- ___ BORDETELLA
- ___ FVRCP (Distemper)
- ___ RABIES
- ___ FELEUK (Leukemia)
- ___ FECAL

Would you like the doctor to examine your pet for any problems while boarding? If yes, please explain:

To prevent the spread of infectious internal and external parasites, I authorize the doctor and his staff to provide parasite control as needed.

If your pet becomes ill, we can call the emergency number regarding your pet's condition. If no one can be reached, please indicate your wishes should your pet require treatment to relieve immediate discomfort or to resolve and important medical condition.

- ___ Perform whatever treatment the doctor deems necessary until I can be reached.
- ___ DO NOT administer any medical treatment until specific authorization is given.

Date of Entry _____ Board from _____ to _____

Phone Contact: _____ Cell/Other: _____

Owner/Agent: _____