



West Hempstead Animal Hospital

"We Have A Heart"

516-483-9720

BOARDING CONSENT FORM

TODAY'S DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PET(S) NAMES: \_\_\_\_\_

DATES FOR BOARDING:

DROP OFF: \_\_\_\_\_

PICK UP: \_\_\_\_\_

WHERE YOU'LL BE (HOTEL & CITY, etc.): \_\_\_\_\_

PHONE NUMBER, if known: \_\_\_\_\_

YOUR CELL PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME/NUMBER, if you are unreachable: \_\_\_\_\_

PLEASE LET US KNOW IF SOMEONE OTHER THAN YOUR IMMEDIATE FAMILY IS GOING TO PICK OUR PETS)

AUTHORIZED PERSON(S) NAME(S): \_\_\_\_\_

IS YOUR PET CURRENTLY ON FLEA PREVENTION? Circle: yes no  
If not, we will apply one dose (additional fee of \$12 - 17)

FEEDING INSTRUCTIONS: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

ESTIMATED FEE FOR CARE: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_