

*Skillful Care*



*Gentle Hands*

We are happy to care for your pet while you are away. To make “check in” quick and easy, please complete the form on the back and give it to the receptionist when you bring in your pet. **By answering each question, you are providing us with information that will help us provide the best care for your pet.** Your pets will be under the loving care of our technicians and doctors while boarding with us.

While visiting, your pet will stay in a private, comfortable, and temperature controlled kennel. Clean fresh water is provided at all times. Your dog will be exercised in outdoor runs during the day. Cats stay inside with clean personal litter pans. Your pet will be fed a premium diet each day. Please indicate any specific dietary needs on the reverse side. If you indicate a special diet, please remember to bring enough food for your pet while you are away.

**To ensure the health of every pet:**

**All dogs are required to have current Vaccinations for the following:**

- 🐕 **Distemper**
- 🐕 **Parvovirus**
- 🐕 **Rabies**
- 🐕 **Bordetella (Infectious Tracheobronchitis)**

**All cats are required to have current Vaccinations for the following:**

- 🐈 **Distemper/Upper Respiratory**
- 🐈 **Rabies**

**To further protect all pets, any boarding animal that is found to have parasites such as worms, fleas and ticks will be treated at the owner’s expense.**

You can pick up your pet Monday through Thursday from 7:30 AM to 7:00 PM and . Friday from 7:30 AM to 6:30 PM and on Saturday from 8:00 AM to 4:00 PM. **Please be sure to tell us what time you will come to pick up your pet so we can be sure they are clean and ready to go.**

Please call in advance for reservations; boarding space is limited especially during the holiday seasons.

We enjoy caring for your pet.

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Telephone number while away \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Date you are bringing your pet \_\_\_\_\_ Approximate time \_\_\_\_\_

**Date you are picking up your pet \_\_\_\_\_ Approximate time**(within 2 hours) \_\_\_\_\_

If you will not be picking up your pet from boarding, please state who is: \_\_\_\_\_

Please indicate any medication you are bringing for your pet and how frequently it should be given (attach another sheet if necessary)

(1) \_\_\_\_\_ Medication \_\_\_\_\_ Times/day (2) \_\_\_\_\_ Medication \_\_\_\_\_ Times/day

(3) \_\_\_\_\_ Medication \_\_\_\_\_ Times/day (4) \_\_\_\_\_ Medication \_\_\_\_\_ Times/day

Please circle the number for the medications that have been given today: (1) (2) (3) (4)

Are you providing us with food for your pet?  Yes  No

If not we feed a mixture of Wysong and Hills at no charge.  
We DO sell Hills Prescription Diet that can be charged to your account.

Feeding instructions \_\_\_\_\_

Has your pet eaten yet today?  Yes  No

Accommodations:

Deluxe  Large  Medium  Double Occupancy  Double Condo  Single Condo

**To protect all pets, each dog and cat must have current vaccinations and an annual comprehensive physical exam. If your pet is due for any vaccinations, they will be given while boarding for the standard vaccine fee. If they have been vaccinated elsewhere and are up to date, please provide us with a written record. Please indicate any additional services we can provide for your pet below.**

- Bath – \_\_\_\_\_
- Extra walks 1 2 3X per day (2 incl.)
- Fecal exam and deworming if positive
- Nail trim
- Heartworm test

Other, Please Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our boarding facility?

Personal Experience  Friend or Relative  Yellow Pages  Other \_\_\_\_\_

As an authorized owner or agent of the above animal, I have read and understand the regulations above. While boarding, I give the Rhinebeck Animal Hospital all rights to treat the above pet as they feel necessary for any medical problems that may arise. I understand that I accept full financial responsibility for any treatment that need be given. I agree to pay additional fees for optional services listed above. I understand that admission and discharge of my pet will occur during regular hospital hours.

Owner or Authorized Agent: \_\_\_\_\_