

YORK VETERINARY HOSPITAL

BOARDING QUESTIONNAIRE

AS WE FIRMLY BELIEVE THAT PETS ARE FAMILY WE WANT TO ENSURE THAT EVERY PET THAT STAYS WITH US RECEIVES THE CARE AND COMPASSION THEY SO RICHLY DESERVE. IN ORDER FOR US TO ACHIEVE THIS WE NEED TO KNOW THE FOLLOWING INFORMATION

OWNERS NAME _____

IF YOU ARE NOT THE OWNER MAY WE HAVE YOUR NAME _____

EMERGENCY CONTACT NUMBERS () - _____

() - _____

**** IN THE EVENT OF A MANDATORY EVACUATION OF YORK VETERINARY HOSPITAL DUE TO INCLEMENT WEATHER OR ANY OTHER LOCAL ****
**** EMERGENCY IT IS THE OWNER'S RESPONSIBILITY TO RETRIEVE THEIR ANIMALS IMMEDIATELY. DURING A MANDATORY EVACUATION ****
*** YORK VETERINARY HOSPITAL WILL NOT BE MANNED UNTIL LOCAL AUTHORITIES ALLOW RETURN TO THE PREMISES. YORK VETERINARY ***
***** HOSPITAL WILL NOT ASSUME ANY RESPONSIBILITY FOR ANIMALS THAT ARE ABANDONED DURING A MANDATORY EVACUATION. *****

PETS NAME _____

WHAT TYPE OF FOOD DOES YOUR PET PREFER TO EAT?

ARE YOU BRINGING FOOD FOR YOUR PET? YES NO

IF SO WHAT BRAND OF FOOD ? _____

WET or DRY

WHAT IS THE TYPICAL AMOUNT OF FOOD YOUR PET EATS? _____

PLEASE REMOVE ALL COLLARS AND LEADS AND TAKE WITH YOU. CARRIERS LEFT AT THE HOSPITAL MUST BE WELL TAGGED WITH OWNERS NAME.

YORK VETERINARY HOSPITAL WILL SUPPLY BLANKETS AND TOWELS FOR ALL ANIMALS. WHILE WE WILL DO OUR UTMOST TO RETURN PERSONAL BELONGINGS SUCH AS BEDDING AND TOYS IT IS STRONGLY RECOMMENDED THAT NO PERSONAL BELONGINGS BE LEFT. YORK VETERINARY HOSPITAL WILL NOT BE LIABLE FOR THE RETURN OF ANY PERSONAL BELONGINGS.

PLEASE LIST ANY PERSONAL BELONGINGS YOU WISH TO LEAVE: _____

IS YOUR PET CURRENTLY ON A FLEA/TICK PREVENTATIVE? YES NO

BRAND NAME OF FLEA/TICK PREVENTATIVE USED _____

DATE THAT FLEA/TICK PREVENTATIVE LAST ADMINISTERED / / _____

DOES YOUR PET TAKE ANY MEDICATIONS? YES NO

IF SO PLEASE LIST THE MEDICATIONS _____

HAVE THEY HAD THEIR MEDICATIONS TODAY? N/A YES NO

WOULD YOU LIKE YOUR PET TO HAVE A BATH BEFORE THEY GO HOME? YES NO

ALL CANINES STAYING AT LEAST THREE (3) NIGHTS CAN HAVE A REGULAR BATH FOR ONLY \$ _____. ALL OTHERS ARE REGULAR PRICE

WILL YOU BE PICKING UP YOUR PET IN THE A.M. or P.M.

ALL ANIMALS RECEIVING A BATH ARE NOT AVAILABLE FOR PICK UP UNTIL 3:00 P.M.

PLEASE LIST ANY ADDITIONAL ISSUES/PROCEDURES THAT YOU WOULD LIKE ADDRESSED/PERFORMED DURING YOUR ANIMALS STAY: _____

IN SIGNING THIS FORM I AM PERMITTING YORK VETERINARY HOSPITAL TO PERFORM ANY AND ALL OF THE ELECTIVE ITEMS I HAVE CHOSEN ABOVE. I FULLY UNDERSTAND THAT IN THE CASE OF AN EMERGENCY YORK VETERINARY HOSPITAL WILL ACT IN THE BEST INTEREST OF MY PET. I ALSO UNDERSTAND THAT YORK VETERINARY HOSPITAL IS OPEN AND STAFFED FROM 7:00 A.M. TO 5:30 P.M. MONDAY THRU FRIDAY, AND FROM 7:00 A.M. TO 12:00 NOON ON SATURDAYS AND IS CLOSED ON SUNDAYS AND HOLIDAYS. THE HOSPITAL IS CLOSED AND IS NOT MEDICALLY STAFFED AT ALL OTHER HOURS. DOCTORS MAKE ROUNDS ON WEEKENDS AND HOLIDAYS. PATIENTS NEEDING INTENSIVE 24-HOUR CARE CAN BE TRANSFERRED TO THE PENINSULA EMERGENCY VETERINARY CLINIC. CHARGES FOR SERVICES PROVIDED BY THE EMERGENCY CLINIC ARE SEPERATE AND IN ADDITION TO THOSE CHARGES BY YORK VETERINARY HOSPITAL.

SIGNATURE _____

TODAYS DATE / / _____