



114-10 Beach Channel Drive  
Rockaway Park, N.Y. 11694  
(718) 474-0500



### BOARDING POLICY

- 1) All Distemper, Parvo Virus, Respiratory and Rabies vaccinations must be current. If your pet is due for any vaccinations, they will be given.
- 2) Contagious diseases (i.e. fleas, ringworm) and pertinent medical problems of the eyes and ears will be treated.
- 3) If a minor medical problem arises during the boarding stay, it will be treated. Minor problems and problems deemed emergencies by the medical staff may be treated without prior authorization being obtained.
- 4) Medications will be administered as per owner's instructions. If not provided, medication will be dispensed for use while boarding. Normal hospital and pharmacy fees will be charged for any services performed or medications dispensed.
- 5) The following patients will require an exam and consultation:
  - a) Pets who are not our patients.
  - b) Patients who have not been seen by the doctor in the last 12 months.
  - c) An exam may be required on geriatric patients prior to boarding.
- 6) An emergency phone number is required. If you have a cell phone please leave that as well.
- 7) If you will be unable to pick up your pet on the planned day, please call so that we can make the necessary arrangements.
- 8) All animals will be given Capstar (flea pill) at the nominal fee of \$7 prior to boarding. This will protect your pet and others from contracting fleas.
- 9) Any animal boarding for 3 nights or more must receive a bath, at a special boarding rate.

PET'S NAME \_\_\_\_\_ BOARD UNTIL \_\_\_\_\_

#### CHECKLIST FOR ADDITIONAL SERVICES

If you would like any of the following services to be performed during your pets stay, please circle below. Normal fees will apply.

- 1) Vaccinations: Distemper Group   Rabies   Feline Leukemia   Kennel Cough
- 2) Heartworm Test   3) Bath (required for stay of 3 nights or more)   4) Nail Trim   5) Fecal

MEDICATION TO BE GIVEN: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

NORMAL DIET: \_\_\_\_\_

SPECIAL DIET OR OWN FOOD PROVIDED:

Emergency TEL # \_\_\_\_\_ CONTACT \_\_\_\_\_

I have read the above and agree to the terms:

OWNER \_\_\_\_\_ Cell # \_\_\_\_\_

DATE \_\_\_\_\_