



DAY CARE INFORMATION

PET'S NAME _____

BOARDING UNTIL _____

Please circle below if you would like any of the following additional services. Normal rates apply.

BATH	Y	N	VACCINES	Y	N
NAIL TRIM	Y	N	FECAL TEST	Y	N
ANAL GLAND EXPRESSION	Y	N	HEARTWORM TEST	Y	N

Does your animal require a SPECIAL DIET or have his/her OWN FOOD? Y N

Include feeding instructions below.

Does your animal require MEDICATIONS to be administered while in Day Care? Y N

Include medication instructions below.

OWNER NAME _____

PHONE # _____

EMERGENCY # _____

EMAIL _____

*We love to share photos of our boarders.
If you'd like to receive these photo updates, please leave your email address!*

PLEASE TURN OVER TO AUTHORIZE DAY CARE WAIVER

DAY CARE WAIVER

***The following Waiver must be signed as a condition of using our boarding service for your pet(s).
By choosing to utilize the services and participate in Day Care at the Animal Hospital of the
Rockaways:***

- I agree to pay the daily rates that are in effect at the time my pet is at the Animal Hospital of the Rockaways.
- I agree to allow photography of my pet for the purpose of sharing updates of boarder's experiences through email and the hospital's social media sites (Facebook, Instagram)
Initial here if you do not authorize photography of your pet(s) _____
- I understand that upon entry all animals will be given Capstar (pill) which will kill any fleas that may be on my pet. This will protect your pet and others from contracting fleas.
- If I am a New Client I understand it is a requirement that my pet be seen by a doctor and that I leave a deposit of at least half of the Day Care bill at drop-off.
- If my pet is not a hospital patient, they will require current vaccine history as proof of core vaccinations (Distemper, Rabies, Bordetella-K9 Only).
- If my pets have not been seen by the doctor in the last 12 months, they will require a brief exam. An exam may be required for geriatric patients prior to boarding.
- I understand any medications needed will be administered as per my instructions at a nominal one-time fee per Day Care. If not provided, medications will be dispensed at normal fees for use while in Day Care.
- I give permission to bathe my pet if needed for sanitary purposes. (i.e. self-soiling)
- I understand that boarding can be stressful in some cases and that a change in diet can cause temporary gastrointestinal upset which you may see at home after check-out.
- I understand that if my pet is in need of medical attention and I do not answer the emergency contact line, problems deemed emergencies by the medical staff may be treated. I understand I will be responsible for any charges incurred.

By signing below, I have read the above waiver and agree to all terms and fees.

SIGNATURE _____

DATE _____