

## GUEST INFORMATION

BOARDING FROM \_\_\_/\_\_\_/\_\_\_\_\_ TO \_\_\_/\_\_\_/\_\_\_\_\_ DISCHARGE TIME \_\_\_\_\_

PETS NAME \_\_\_\_\_ BREED \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

BOARD/KEEP FAMILY PETS TOGETHER? YES / NO

Person other than owner authorized to pick-up \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone # \_\_\_\_\_

**USE CAUTION? YES / NO**

FEED OWN FOOD \_\_\_\_\_ HOSP FOOD \_\_\_\_\_ FEED AMOUNT \_\_\_\_\_ am \_\_\_\_\_ pm

### Medications:

Drug name \_\_\_\_\_ Amount \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

Drug name \_\_\_\_\_ Amount \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

Drug name \_\_\_\_\_ Amount \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

If you are leaving toys, a bed or blanket please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We require all our guests to be current on flea and tick preventative. If you are unable to furnish this information, your pet will be treated for fleas at your expense. \_\_\_ please initial

The product I use is \_\_\_\_\_ Date last applied \_\_\_\_\_

Please indicate if you would like your pet to have a BATH \_\_\_ or a NAIL TRIM \_\_\_ during their stay with us.

Special Needs or Comments: \_\_\_\_\_

\_\_\_\_\_

PHOTO RELEASE: Hudson Highlands would love the opportunity to share your pets' picture on social media, please initial here \_\_\_\_\_ giving us permission to do so.

### AUTHORIZATION FOR TREATMENT

In the event my pet(s) has a medical emergency, and I am unable to be contacted, I authorize Hudson Highlands VMG to provide any medical or surgical care deemed necessary. I understand that this may require transporting my pet(s) to their Hopewell facility. I accept full responsibility for these services and treatments.

Signature \_\_\_\_\_ Date \_\_\_\_\_