

HUDSON HIGHLANDS VETERINARY MEDICAL GROUP, PC
222 Lime Kiln Road, Hopewell Jct., NY 12533

Medical Boarding Agreement

Pet Name _____ Owner Name _____

Drop-off Date _____ Pick-up Date _____ Est Time _____

Drop-off/Pick-up Times – Monday through Friday 7:00am until 9:00pm, Saturday 8:00am until 6:00pm, Sunday 9:00am until 3:00pm

Person other than owner authorized to pick-up _____

Emergency contact name _____ Phone # _____

Medical Condition of pet(s) _____

Special needs (walks, wound care, etc) _____

Medications: (Please use the back of this page to list additional medications.)

Drug name _____

Instructions _____

Drug name _____

Instructions _____

Drug name _____

Instructions _____

Diet: Did you bring food with you? YES / NO

In the event that my pet(s) has a medical emergency and I am unable to be contacted, I authorize Hudson Highlands Veterinary Medical Group to provide any medical or surgical care deemed necessary. I accept responsibility for these services and treatments. I have read and fully understand the terms of this boarding agreement.

Signature _____ Date _____

(We are not responsible for any items other than medications or food that are left with your pet.)