

HUDSON HIGHLANDS VETERINARY MEDICAL GROUP, PC  
461 Fishkill Avenue, Beacon, NY 12508

## Beacon Boarding Agreement

Pet Name \_\_\_\_\_ Owner Name \_\_\_\_\_

Drop-off Times: Monday, Tuesday and Friday – between 8:30am and 3:30pm  
Wednesday – between 8:30am and 2:30pm  
Thursday and Saturday – between 8:30am and 11:30am

### **NO SUNDAY ADMITS OR DISCHARGES**

Pick-up Times: Monday, Tuesday and Friday – between 9:30am and 3:30pm  
Wednesday – between 9:30am and 2:30pm  
Thursday and Saturday – between 9:30am and 11:30am

If you are unable to pick your pet up on the day you originally scheduled, we ask that you call to let us know.

Boarders not picked up by 11:30am on Saturday will have to stay until Monday and will be charged the regular boarding rate.

### **OUR VACCINATION POLICY**

**We will not allow a pet to board that is not current on all vaccines.**



All cats must be up to date on their Distemper (FVRCP), and Rabies vaccines.

All dogs must be up to date on their Distemper, Parvo, Rabies, Bordatella,  
and Canine Influenza vaccines.

If vaccines were administered at another organization we require that you provide us with written proof from that organization that your pet is up to date on vaccines. If you would like to have them fax records to us our fax number is 845.831.3280.

### **OUR FLEA AND TICK PREVENTATIVE POLICY**

**We require ALL boarding pets to be currently on preventative for fleas and ticks**

How are you preventing fleas on your pet? I use \_\_\_\_\_ and it was last applied \_\_\_\_\_.  
(product name) (date)

If you are unable to furnish this information, your pet will be treated for fleas at your expense. \_\_\_\_\_ please initial

### **SPECIAL DIETS**

We offer our boarders Science Diet Sensitive Stomach, if your pet is on a special diet you must provide the food they will need during their stay.

### **MEDICATIONS**

If your pet is on medication it **MUST** be in its original packaging, with proper dosing instructions on the label.

### **PERSONAL ITEMS**

If you wish to leave bedding, toys or other items for your pet you are welcome to do so. However, we cannot be responsible for any items left for your pet.

## GUEST INFORMATION

DATES BOARDING FROM \_\_\_\_\_ TO \_\_\_\_\_ Est Time \_\_\_\_\_  
of pick-up

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 \_\_\_\_\_ AMOUNT \_\_\_\_\_ am \_\_\_\_\_ pm

### Medications:

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

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

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

If you are leaving toys please describe \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

BATH \_\_\_\_\_ TRIM NAILS \_\_\_\_\_

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

\_\_\_\_\_

### AUTHORIZATION FOR TREATMENT

In the event 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 understand that this may require transporting my pet(s) to their Hopewell facility. I accept full responsibility for these services and treatments.

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