



North Haven Animal Hospital & North Colony Animal Hospital
 386 Washington Ave
 North Haven, CT 06473
 (203)239-5365
Lewis. E Jolly, DVM James T. Wells, DVM Jennifer L. Loquine, DVM

330 North Colony Rd
 Wallingford, CT 06492
 (203)284-9366

BOARDING ADMISSION FORM

Pet's Name: _____ Dog Cat Other _____

Last Name, First Name: _____

Date In: _____ M T W Th F S (am only on Sat) AM PM

Date Out: _____ M T W Th F S (am only on Sat) AM PM

(please note: there are no Sunday pick-ups/drop-offs)

Best phone # to reach you in case of emergency: _____

Local emergency contact name: _____

Local emergency phone #: _____

Will you be picking up your pet(s): Yes No

If not, who is authorized to pick up your pet: _____

We feed all pets Science Diet maintenance dry and/or canned food while boarding, if your pet has a special diet please note it below.

Special Diet (needs to be brought in with pet): _____

How much do you feed your pet: _____ AM _____ PM or free choice _____

Is your pet on medications (if yes, please list and give directions): Yes No

Has your pet received their medication today (please note when): _____

List **ALL** belongings (carriers, blankets, collars/leash, toys, etc) brought with pet (please give a detailed description of each): _____

All boarded pets need to be up to date on the following vaccines (please circle if needed):

Dogs: DHPP, Rabies, tracheobronchitis

Feline: FVRCP, Rabies

Additional services that can be performed while boarding:

Lyme Vaccine _____ Leptospirosis Vaccine _____ Heartworm test _____
Feline Leukemia Vaccine _____ FELV/FIV test _____ Fecal test _____
Physical examination _____ Dentistry (additional paperwork necessary) _____
Microchipping _____ Other _____

Please bathe my pet on the day of discharge for an additional charge (please ask for cost):

I authorize North Haven Animal Hospital to board and care for the above named pet (s). I understand that my pet needs to be up to date on certain vaccinations, and these will be administered at my expense if needed. Should a medical emergency situation occur, I authorize whatever treatment is necessary and will remain fully responsible for the cost of all services provided.

Signature of owner/authorized caretaker

Date