

Dutchess County Animal Hospital

406 Manchester Rd.
Poughkeepsie, NY 12603-2529
(845) 452-1316

Boarding Agreement

Client ID:	_____	Patient ID:	_____
Client Name:	_____	Name:	_____
Address:	_____	Species:	_____
	_____	Breed:	_____
	_____	Sex:	_____
Telephone:	_____	Color:	_____
Emergency Contact	_____	Markings:	_____
Emergency Contact #	_____	Birth Date:	_____

Vaccinations:	Date Given:	Date Due:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Diet: _____

Current Medications: _____

Special Needs: _____

Reasonable precaution will be used against injury, escape, or death of this pet. The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved.

Owner or responsible party: _____

Signature: _____