



Goldens Bridge
Veterinary Care Center
15 Anderson Lane
Goldens Bridge, New
York 10526
(914) 232-8800



Welcome to the Veterinary Care Center. We hope **INSERT YOUR PETS NAME HERE's** stay with us from ____ until ____ will be pleasurable, and that your mind will be at ease knowing that he/she is in our care. Our staff is dedicated to providing a safe, fun, compassionate environment with plenty of individualized attention and opportunities to socialize.

Before entering the hospital, the following minimum health requirements must be satisfied.

- **A physical exam and negative fecal** analysis within the last 12 months
- **All vaccinations up to date** as recommended by our veterinarians including Bordetella (kennel cough) and Canine Influenza for dogs.

Monthly flea and tick control. Date of last application: _____

If left blank, or if external parasites are found on your pet while boarding we will treat the fleas at the owner's expense.

We offer a variety of premium diets. It is possible, however that changing an animal's diet can lead to an upset stomach and/or diarrhea. If your pet is on a special diet and supplements please let us know.

Diet – *How much do you feed your animal in the morning and at night? Are they on a special diet?*

_____ AM _____ PM _____

Medication - *if your pet is on any medications, there is an additional daily charge for medication administration. (please include instructions)*

Pet's Personal Belongings: _____

If you would like to request any other services at an additional charge for your pet during his/her stay please list them below:

Bathe/Groom _____

Medical Services _____

Some patients are extremely anxious upon admission. We will administer anxiety-relieving medication if your pet is very uncomfortable to help them make a smooth transition and enjoy their stay. All reasonable precautions will be taken to prevent escape, injury and illness. However, in the unlikely event that there is an emergency and you cannot be reached, life-threatening emergencies will be treated immediately at the owner's expense. Please let us know if there is a financial limit to treat serious but not life threatening medical conditions.

If myself or the person in charge of medical decisions for your pet cannot be reached during their stay:

- A) _____ Treat pet as needed. Do any diagnostic tests, treatments, and surgeries necessary for their well being
I accept full financial responsibility for any/all charges related to the treatment of my pet.
- B) _____ Treat pet as needed, but **DO NOT EXCEED \$** _____. I understand that if the proposed treatment exceeds the amount designated and I/person in charge of pet's medical conditions cannot be reached, my pet may **NOT** receive any further medical treatment.

Contact number(s) _____ **Contact E-mail** _____

Signature: _____ **Date:** _____