



74 North Long Beach Road | Rockville Centre NY 11570 | (516)766-4350

Boarding Release Form

Date Admitted: _____ Date of Expected Discharge: _____

Owner's Last Name: _____ First Name: _____

Pet(s) Name: _____ Breed: _____ Age: _____ Sex: _____

Emergency Contact #: _____ Contact Person: _____

Special Instructions (Include medication directions, feeding instructions, etc.)

***Please inform receptionist if you would like your pet bathed before discharge ***
(ADDITIONAL FEE MAY APPLY)

**If you want your pet to be eligible to be featured on the @sunriseanimalhospital instagram page please initial _____
(Please note that this is not a guarantee that your animal will be posted simply granting permission to take the photo!)

Please note Sunrise Animal Hospital is not responsible for any lost leashes, collars, bowls, bedding, toys, etc.
_____ (please initial)

For Your Pet's Health

Vaccine Policy

To insure the protection of all pets under our care, the following vaccinations must be up to date:

DOGS: RABIES, DHPPC, BORDETELLA, CANINE INFLUENZA.

CATS: RABIES, FVRCP.

If not up to date, or unable to provide written proof of vaccinations, I give permission to update my pet(s) vaccinations in accordance with the above policy.

Date: _____ **Signature:** _____

In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive a flea bath at the owners' expense.

Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency contact number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, it is our hospital's policy to treat your pet(s), as the doctor deems necessary in order to relieve immediate discomfort and/or to resolve an important medical condition.

Date: _____ **Signature:** _____

