



# Wheatfield Animal Hospital

3421 Niagara Falls Blvd, Tonawanda NY 14120  
p.716-693-3141 f. 716-693-3829  
email:wheatfield@buffaloveterinarygroup.com

Visit our website [www.wheatfieldanimalhospital.com](http://www.wheatfieldanimalhospital.com)

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## PET/OWNER INFORMATION

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

## BOARDING INFORMATION

Drop-Off Date: \_\_\_\_\_ Pick-Up Date: \_\_\_\_\_ Time: \_\_\_\_\_

Medications/Supplement/Additional Instructions \_\_\_\_\_

\_\_\_\_\_ Additional fees to administer may apply.  
We provide Science Diet Sensitive Stomach food, bedding and bowls. Special diets must be provided by owner. Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_ If you wish to bring bedding from home, realize that it may be damaged/soiled by your pet. We are not responsible for lost or damaged personal items.

## YOUR PETS HEALTH

For your pet's health and others in our care, we require vaccines to be current. Please provide appropriate records if given elsewhere. Pet's needing injectable medications (insulin) will be transferred to our 24 hour facility on Saturday and returned here Monday morning. All dogs will be given a complimentary bath after 3 days of boarding. Would you like us to apply a tube of Advantix after the bath? (Charges will apply) YES NO  
If live fleas/ticks are seen on your pet, Advantix will be applied at the expense of the owner.

## SOCIAL MEDIA

Within the context of promoting our business and pet health, we would like to use images or videos, about your pet. I authorize the staff at Wheatfield Animal Hospital to release my pet's photograph, videotape image and/or information to Facebook, Twitter or the Wheatfield Animal Hospital website. YES NO

## EMERGENCY CONTACT/AUTHORIZATION INFORMATION

In the event of an illness or injury while your pet is being boarded, all attempts will be made to reach the owner. If unable to reach a guardian, you authorize our Doctors and staff to perform medical and or surgical procedures or treatments to preserve the life of your pet and you accept the financial responsibilities for such care until you can be contacted. No guarantee of successful treatment is made.

Yes, please treat my pet up to \$ \_\_\_\_\_ Whatever is needed: \_\_\_\_\_ NO treatment: \_\_\_\_\_

Signature Owner or Agent: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_