# HOSPITAL

## *Hospital Patient Pet Care*
### *REQUEST FOR PET SERVICES*

**Patient Information:**

Patient Name:_____
Location/Room Number:_____Room Phone Number:_____
Home Address:_____
_____
Home Phone Number:_____
Primary Family Contact:_____Phone:_____Address:_____
Apartment Building Contact:_____Phone:_____Address:_____
Other Suggested Contact:_____Phone:_____Address:_____

May we talk to the above contacts re pet issues? ❒ Yes ❒ No

Date(s) of Service Requested: _____

**Pet Information:**

Name of Pet(s): Type of Pet(s): Age of Pet(s):

_____
_____

Medical Conditions and Medications (if any):

_____

ADVISORY: If for any reason, your pet needs be taken to Animal Care & Control, he/she will be spay-neutered if this has not been done already, with exemptions for service dogs, show animals, illness. Do you acknowledge? (*NOTE: NYC ONLY; will vary by community.)* ❒ Yes ❒ No

**Pet Needs**

❒ Feeding & Watering ❒ Litter Box Care ❒ Walking (How often?)_____ ❒ Tender Loving Care

❒ Vaccination Due Dates (approximately)_____

❒ Supplies (i.e. food, treats, litter) Specify Types & Brands:_____

❒ Other_____

**Veterinarian Information:**

Name:_____Phone Number:_____
Address:_____
If boarding and/or veterinary care is required, do you consent to our assisting you with this? ❒ Yes ❒ No

Do you currently have pet care arrangements in place, even casually? ❒ Yes ❒ No

Who should we contact?_____Phone_____
How does your pet behave with other animals?_____
How does your pet behave with people other than you?_____

ADVISORY: If he/she is perceived dangerous, we will need to call Animal Care & Control for assistance and possibly removal of the pet to shelter. Do you acknowledge? ❒ Yes ❒ No

**Special Instructions:**

_____

Authorization/Signature:_____Relationship to Patient:_____
Date:_____
Form Completed By (Print):_____Signature:_____