

Boarding Intake Form

Your Name: _____

Pet's Name: _____

Contact Number while boarding: _____

1. What is your pet's discharge date and time? _____

For weekend pickup:

Saturday: 7:30 am - 9:00 am

Sunday: 4:30 pm - 6:00 pm

If picking up on the weekend, please list a specific time in the allowed window, please park in our gravel lot entrance off Rose Hill Drive and come in our bottom entrance and check in; if unable to reach us please call 434-979-5055.

2. What food does your pet eat? _____

How many cups or cans does your pet eat? _____ cups _____ cans

How many times per day? am pm

3. If your pet doesn't eat his/her food while here, what would you like us to?

Call _____

Feed Kennel Food _____

Ask a Doctor _____

4. What belongings are you leaving with your pet today?

Bedding _____

Toys _____

Food _____

Medication _____

Treats _____

We welcome personal items, which provide your loved one with the comforting scents of home. We ask that all items are labeled and please do not bring any items that have sentimental value. While we do everything in our power to keep

these articles safe, clean, and with your pet for their intended use, WE WILL NOT BE HELD RESPONSIBLE FOR ANY ITEM(S) WHICH HAS BEEN LOST OR DESTROYED.

5. Are any medicines necessary while boarding?

\$5.00 per day; \$15.00 a day for specialty medications (chemo)

Yes ____ No ____

Give names of any medications, dosage and times to given of each.

1) _____ Quantity? _____ AM PM

2) _____ Quantity? _____ AM PM

3) _____ Quantity? _____ AM PM

Additional Services:

1. Would you like a bath? (\$35 up to 20 lbs, \$45 31-60, \$55 over 61 lbs)

(A Complimentary bath will be given after 7 days of boarding)

Yes ____ No ____

2. Would you like a nail trim? (\$18.75)

Yes ____ No ____

3. Would you like any vaccinations done during your pet(s) stay?

Yes ____ No ____

If "yes", what vaccines should be done? _____

4. Do you need any refills of medication while here?

Yes ____ No ____

If "yes" what would you like? _____

6. Do you need Revolution refills?

Yes ____ No ____

Quantity? _____

7. Do you need Simparica Trio refills?

Yes ____ No ____

Quantity? _____

REQUIREMENTS FOR BOARDING

1. Owner understands and agrees that dog(s) are healthy while boarding at Old Dominion Animal Hospital and are current on vaccinations for rabies, distemper and Bordetella at least 14 days prior. Owner is not boarding any dog(s) that have any condition that could potentially jeopardize the health of other dogs or people and has not had any potentially communicable condition within 30 days prior to enrollment. Owner further understands that there is a chance that dog(s) could contract Bordetella (Kennel Cough). Owner agrees to not hold Old Dominion Animal Hospital responsible if their dog(s) contracts Kennel Cough or other dog-dog transmitted ailments.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Old Dominion Animal Hospital has my permission to do whatever is necessary should an emergency arise.
4. If a tranquilizer is necessary for treatment or handling, Old Dominion Animal Hospital has my permission to administer such medication.
5. Check out time is between 8:00 am - 12:00 pm Monday- Friday. If your pet is picked up after 12 PM Monday - Friday you will be charged an additional day. Weekend check out/drop off time on Saturday between 7:30 - 9:30 am and on Sunday between 4:30 - 6:30 pm.
6. If your pet needs to have medication given to them while boarding it is \$ 5.00 daily.

I authorize the staff at this veterinary practice to take photographs/videos, to use with the following media entity(ies):

Facebook ____ Instagram ____ YouTube ____
Olldominionanimalhospital.com _____

____ I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information.

____ I do not authorize Old Dominion Animal Hospital to take photos or videos of my pet.

I have read the boarding requirements and understand the hospital's policies.

Signed : _____

For Office Use Only: Please check off if needs to be done and initial when done

Boarding # days : _____

Nail Trim Anal Glands Bath Complementary Bath Exam Vaccines