



BOARDING CONSENT FORM

Clients Name: _____ Account Number: _____
Pet Name: _____ Breed: _____ Color: _____ Age: _____
Emergency Contact Name/Number: _____

Date/Time of Drop-Off: _____ Date/Time of Pick-Up: _____ Number of Days: _____
(If picked-up before noon, there will be no charge for that day)

****DIET****

CANNED (or) DRY

OWN FOOD (or) HOSPITAL STOCK

Amount _____ Frequency _____

****MEDICATION/TREATMENTS/SPECIAL ACCOMODATIONS ****

(There is a \$5.00 per day medication fee)

Is your pet on any medications?

YES (or) NO

Type _____ How Much/Often _____
Type _____ How Much/Often _____
Type _____ How Much/Often _____
Type _____ How Much/Often _____

Additional Medical Information: _____

****BELONGINGS****

(Ballston Animal Hospital is not responsible for lost items)

Please Circle What Applies to You:

TOYS COLLAR LEASH BEDDING CARRIER

Description(s): _____

****STAYING WITH US LONGER THEN 5 DAYS??****

DOGS: Complimentary Nail Trim/Anal Gland Expression and discounted Bath after 5 days? YES (or) NO
CATS: Complimentary Nail Trim after 5 days? YES (or) NO

****STATEMENT OF RELEASE****

In the event of an emergency Ballston Animal Hospital reserves the right to treat the above named patient.

Sign _____ Date _____

VIRGINIA VETERINARY DISCLOSURE FORM

Please read carefully before signing.

Ballston Animal Hospital has business, medical and staffing hours:	
Monday through Thursday	7:30 am – 7:30 pm
Friday	7:30 am – 5:30 pm
Saturday	8:30 am – 12:30 pm
Sunday/Holidays	Closed

Therefore, this is to inform you that we have no in-house continuous medical staff care overnight, weekends or on holidays after closing time. Continuous medical care will resume on the following business day according to the above schedule. We provide weekend and holiday care on a regular but intermittent basis only.

BOARDING POLICIES

1. Flea Policy – All boarding pets must be free of fleas. If your pet has fleas they will receive a bath and a topical flea preventative may also be applied. The additional charge will be added to your final bill.

2. Vaccination Policy – To insure the protection of all pets under our care, the following vaccinations must be up to date:

Dogs:	DHLP-CPV (Distemper)	CATS:	FVRCP (Distemper)
	Bordetella (Kennel Cough)		Rabies
	Rabies		

If my pet is not current on all above vaccinations, I give my permission for Ballston Animal Hospital to update the vaccination(s) in accordance with the above policy. I understand an examination fee will be charge as well as the vaccination fee to my final bill.

3. Medical Illness Policy – One of the advantages of boarding your pet at Ballston Animal Hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed regard your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we at Ballston Animal Hospital will perform whatever services the doctor deems necessary for the best care for your pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

I have read this form and I am aware of the above staffing hours and understand the above Flea, Vaccination and Medical Illness Policies. I agree to pay for any additional fees necessary to be in accordance with the above policies.

Signed: _____

Date: _____