



COMPANION
ANIMAL HOSPITAL, SPRINGFIELD VA
Companions for life

Boarding Agreement

PART A:

Today's date: _____ Pick up date/time: _____ AM/PM

*Please note that you will be charged for half a day of boarding if your pet is not picked up by **12:00 noon** on the date indicated on this form.

Owner's Name: _____

Phone (where you can be reached): _____

Emergency contact (if we cannot reach you):

Name: _____ Relationship: _____

Phone: _____

Does the above person have permission to authorize medical treatment for your pet in the event that you cannot be reached?

YES

NO

PART B:

Pet's Name: _____

Age: _____

Species: DOG CAT OTHER

Sex: MALE FEMALE

Neutered/Spayed: YES NO

Breed: _____

Food: _____ CUPS DRY AM/PM _____ CAN AM/PM

Brand: _____

*Did you bring food with you? YES NO

*CAH provides Royal Canin Regular Dry Diet

Medical issues (arthritis, diabetes, recent surgery, etc.):

Medications:

*There is a \$1.00 fee per dose given.

Medication	Dose

Do you need any refills? YES NO

If YES, which?: _____

Vaccinations: We require certain vaccinations and services to be current for boarding. Please check all of your pet's **needed** vaccinations and tests. These are listed in the chart below. The ones in **BOLD** are **required** and not optional. If you are unsure, please check with the receptionist.

DOGS		CATS	
<input type="checkbox"/> Physical	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Physical	<input type="checkbox"/> Fecal (last 6 months)
<input type="checkbox"/> Rabies	<input type="checkbox"/> Heartworm Test	<input type="checkbox"/> Rabies	
<input type="checkbox"/> DHPP	<input type="checkbox"/> Lyme	<input type="checkbox"/> FVRCP	
<input type="checkbox"/> Leptospirosis	<input type="checkbox"/> Fecal (last 6 months)	<input type="checkbox"/> Leukemia	

DOGS ONLY: Name of heartworm preventative: _____

Refill? YES NO

PART C: BOARDING ITEMS AND SERVICES

Please list all personal items you are leaving with your pet. We make every effort to keep track of personal items, but this is sometimes difficult and things are occasionally lost.

ADDITIONAL SERVICES:

- No additional services requested.
- Nail trim
- Anal gland expression
- Bath

Day: _____ Special shampoo?: _____

PLEASE READ CAREFULLY AND SIGN ON THE SIGNATURE LINE:

Companion Animal Hospital is staffed Monday – Friday 8am – 7 pm, Saturdays 8am – 2 pm and has kennel hours (the Hospital is closed for kennel business) Saturday evenings and Sunday morning and evening. The Hospital is closed except for kennel hours on major holidays. Pets are released only during regular office hours. Payment in full is required upon release. If fleas or ticks are observed upon admission to the Hospital, treatment will be administered at the owner’s expense prior to the pet being kenneled. I understand that my pet is required to be currently vaccinated in order to be boarded here and that it is my responsibility to furnish proof of such vaccinations. I give the doctors at Companion Animal Hospital permission to vaccinate my pet as needed. I authorize Companion Animal Hospital to treat my pet at my expense should an emergency arise that requires medical attention. I understand that boarding is a “stress” situation, and that in spite of all efforts to ensure the health and safety of my pet, unexpected situations arise. I expect the staff of Companion Animal Hospital will respond to such situations in a competent, professional and compassionate manner. If tranquilization or anesthesia is required to treat my pet, I give permission to administer such medications.

If I neglect to pick up my pet within 10 days of the stated pick-up date, and I have not notified the Hospital of the extension, Companion Animal Hospital may assume the pet has been abandoned, and is hereby authorized to dispose of the pet as it deems fit.

Signature of owner: _____

Date _____ **Hospital employee** _____