

# Boarding Admission Form

Last name \_\_\_\_\_

Account # \_\_\_\_\_

The best care of your pet while they are boarding with us is very important. Please take a few minutes to fill out this form so we can be certain they are receiving any special medications, diet, or other treatment needed during their stay.

Your name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Drop off date: \_\_\_\_\_ Pick up Date: \_\_\_\_\_ Pick up Time: \_\_\_\_\_

### Feeding Instructions:

Food-yours or Acredales: \_\_\_\_\_ Amount to feed: \_\_\_\_\_ Frequency: \_\_\_\_\_

Treats: \_\_\_\_\_ Last time Fed: \_\_\_\_\_

**Medication:** Does your pet require any medications or treatments? No \_\_\_ Yes \_\_\_ If yes, please list.

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Time Last Administered</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

On Sundays and holidays, medications will be given a maximum of twice daily.

**Health problems:** Does your pet have any recent or chronic health concerns we should be aware of while boarding?  
No \_\_\_ Yes \_\_\_ If yes, please explain.

Any medications filled or other services needed while here? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes please explain.  
If vaccines are needed physical examination charges may apply

**Grooming:** Have you scheduled your pet to have a hair cut/bath (Yes No) or just bath (Yes No) prior to going home?  
Further grooming instructions:

**Boarding policies:** We do not place personal items such as blankets, towels or toys in with your pet. We can not always supervise all pets so we do not feel comfortable leaving them with chew toys. Milkbones and other food treats are acceptable. Your pet will be provided with fresh linens at least once daily or more often as needed. If our boarding staff observes your pet having any problems while here it will be brought to the attention of a doctor. If necessary your pet will be examined by a doctor and appropriate treatment and diagnostics initiated. We will contact you when possible before performing diagnostic tests. If your pet is found to have any fleas we will apply Advantage. You will be financially responsible for any medical treatment or diagnostics performed on your pet while they are boarding, including additional hospitalization charges if patient is considered critical.

### Emergency Information:

Phone numbers \_\_\_\_\_ Name (if not same as above) \_\_\_\_\_

Please indicate by your signature that you have read and understand the above information, and that the information is correct.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Last name \_\_\_\_\_

Acc # \_\_\_\_\_

## Virginia Veterinary Disclosure Form

(Please read carefully before signing)

**Acredale Animal Hospital, Inc. has continuous medical staffing hours 24 hours a day, 7 days a week, including Holidays.**

**Our appointment hours are as follows: Monday thru Thursday 8am-8pm, Friday and Saturday 8am-5pm.**

**We take responsibility for caring for your pets very seriously. If your pet becomes ill, or shows evidence of fleas, worms, or any other parasite, they will be treated at your expense. If you do not wish for your pet to be treated then we cannot accept your pet.**

**Except for food and medication, we take no responsibility for any items you select to leave with your pet.**

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**I have read this form and I am aware of the above staffing hours.**

**Date: \_\_\_\_\_ Signature: \_\_\_\_\_**

**While my pet is in your custody, I can be reached at the following telephone numbers:**

**( ) \_\_\_\_\_ or ( ) \_\_\_\_\_**