



Boarding Admission and Consent Form

1403 George Washington Memorial Highway
Yorktown, Virginia 23693
(757) 599-3326
www.pinemeadowvet.com
frontdesk@pinemeadowvet.com

Owner's Name: _____

Pet(s)'s Name: _____

Date IN:	TIME:	Date OUT:	TIME:
Who is authorized to pick up?			
Contact Information (while you are away):			
Name & Phone Number of a responsible party to be reached in an Emergency (**Required**):			

Did you bring your own food? Yes Please list the brand of food here: _____

No, please feed Hospital food: Dry (EN for Dogs, Cat Chow for Cats) Canned (Pro Plan for Dogs, Friskies for Cats)

Feeding Instructions: _____

Has your pet been fed: This morning? Yes No This evening? Yes No

If your pet will not eat while boarding, we will try alternate foods. If your pet runs out of its own food, we will feed what we have available. Does your pet have any food allergies or intolerances that we need to know about?

NO **YES** They are: _____

Is your pet currently on heartworm, flea, and/or tick preventatives? If so, which brand and when was it last administered? _____

Is your pet on any medications? Yes No Please list any medications, the instructions and when the medication was last administered: _____

****There will be an additional fee for medications administered while boarding.****

Blankets/Bedding is provided by the hospital unless otherwise instructed. Please let us know if your pet chews bedding. If you choose to leave any belongings, PINE MEADOW VETERINARY HOSPITAL IS NOT RESPONSIBLE FOR THE LOSS OR DAMAGE OF THOSE PERSONAL ITEMS, including, but not limited to dishes, toys, leashes, collars, wearables and bedding. Please list the items you are leaving below with detailed descriptions below.

Collar: _____ Leash: _____ Carrier: _____

Toys: _____ Bedding: _____

Other: _____

Pets housed in a kennel often pick up a "doggy odor" after a few days of boarding. Would you like for your pet to have a bath the morning you wish to pick up? YES NO

If your pet is getting a bath, we ask that you plan to pick up after 3 pm Monday through Friday and after 12 pm on Saturdays.

Would you like your pet's nails trimmed prior to when you pick your pet up from boarding? YES NO

****There will be an additional fee for basic grooming services.****

Is there anything else we should know about your pet? (For example: difficulty walking, eats bedding)

I understand that in the event my pet becomes ill, the staff will attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until myself or my agent can be contacted. If any problem is observed or develops: (Please choose one)

- o Please treat my pet(s) as required; you do not need to call me first.
- o Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- o Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an EMERGENCY arise, I authorize the medical staff to sedate/anesthetize my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be consulted. I agree to pay, in full, all charges for necessary services rendered to my pet. In the event of death of my pet, I understand that the staff will immediately attempt to contact me. If I am unreachable, I understand that the body will be held until I return to discuss body care. _____Initial

Terms of Boarding

I understand that if my pet is found to have internal parasites, such as hookworms, or external parasites, such as fleas, Pine Meadow Veterinary Hospital will treat my pet at my expense.

I understand that my dog must have current immunizations against Rabies, Distemper, Hepatitis, Parvovirus, and Bordetella in order to board. I understand that my cat must have current immunizations against Feline Viral Rhinotracheitis and Rabies in order to board. I understand that all cats and dogs must have a negative fecal exam result within the past year in order to board. If my pet is not current on any of these, I understand that the service will be provided at my expense.

I understand that Pine Meadow Veterinary Hospital is not responsible (financially or otherwise) for damage to or loss of personal items left with my pet, including, but not limited to, dishes, toys, leashes, collars, wearables, and bedding. I have provided the hospital with a description of all items left in the designated box above.

I will call if my pick-up date changes so that the hospital can plan accordingly. I understand that if I do not pick up my pet within 5 days of the date scheduled for pick up and I do not notify the hospital of my intentions within that period of time, Pine Meadow Veterinary Hospital may assume that my pet is abandoned and are hereby authorized to proceed as deemed best and/or necessary.

I understand that my pet will be admitted and discharged ONLY during regular office hours of Monday through Friday 7:30 AM until 6:00 PM and Saturday 7:30 AM until 1:00 PM. If I do not pick up my pet prior to close of business hours, my pet will board an additional night at my expense.

I hereby authorize Pine Meadow Veterinary Hospital and its staff to care for my pet(s). All information I have provided here is true to the best of my knowledge. I have read and understand the Terms of Service.

Signature of Owner or Financially Responsible Party

(Must be 18 years or older) _____ Today's Date _____

We accept: Cash & Check / Debit Card / MasterCard / VISA / Discover / American Express / CareCredit