



**NANSEMOND
VETERINARY HOSPITAL**

Boarding Consent

BOARDING FROM _____ **TO** _____
CONTACT NUMBER: _____

Personal Possessions: Please describe all items. *Please Note—We take all reasonable care of personal items you leave with your pet; however, we cannot be held responsible for loss or damage.*

Bedding: _____ Toys _____
 Other: _____

Feeding/Diet: Kennel Food (*Science Diet Maintenance*) Own Food

Feeding Times: AM PM BOTH Amount: _____

Is your dog allergic to any foods? YES NO If yes, describe: _____

Medical Information: (*If we are not your primary veterinary care provider*)

Hospital Name: _____ Hospital Phone: _____

Boarding Requirements (check to be updated)

(*If not performed here, please provide proof of vaccination/fecal.*)

DHPP (dogs only) FVRCP (cats only)
 Bordetella (dogs only) Fecal
 Rabies

My pet is overdue for vaccinations/fecal. I authorize a physical exam, fecal, and administration of vaccinations required for boarding. (*Exam is not required if done here within the past year.*)

Additional treatments while boarding: _____

What flea prevention do you use? _____ Date administered: _____

(*Flea collars and certain over the counter flea medications are not acceptable due to poor efficacy. We examine all pets for fleas. If found, I understand my pet will be treated at my expense.*)

What heartworm prevention do you use? _____ Date administered: _____

Is your pet currently on any medication? YES NO (*All medications must be labeled and in the original container!*)

Medication or Supplement: _____

Directions for Administration: _____

Administration: Eats as treat In meal In snack Other: _____

Grooming:

Would you like your pet to be bathed before pickup (additional charge applies) YES NO
Would you like us to trim your pets nails before pickup (additional charge applies) YES NO
Would you like to have your pet groomed? (appointment with groomer needed) YES NO

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Anyone else with permission to pickup: _____

In case of a medical emergency, we will make every effort to contact you. If you are unavailable, we will institute emergency medical treatment at your expense. Initials: _____

I have read this boarding agreement and consent to pay in full for services rendered, including those deemed necessary for medical emergencies. I understand that all reasonable precautions will be used by Nansemond Veterinary Clinic against injury, escape, or death of my pet(s). Nansemond Veterinary Clinic and its staff will not be liable for problems that develop, provided reasonable care and precaution are followed.

All services of this hospital are strictly cash, check, or credit card. All bills must be paid in full before my pet will be released.

Signature of Owner/Responsible Agent

Date