



BOARDING POLICIES & INFORMATION

Pick Up and Drop Off Hours
Monday – Friday: 7:30 AM to 6:00 PM
Saturday: 8:00 AM to 12:00 PM

Phone: (434) 237-6631

Client Name: _____

Pet Name _____

REQUIRED: For the health of your pet and others in the hospital, ALL boarding animals **must** have:

- Had a **negative** fecal exam (stool sample checked) *within the past 6 months*
- The following *vaccinations up to date*: **Cats:** FEVCR; RABIES **Dogs:** DHLPP CV; BORDETELLA; RABIES

For your convenience we can also perform the following procedures during your pet’s stay.

Please check the appropriate boxes:

- | | | |
|-----------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Annual Vaccinations (includes Physical Exam) | <input type="checkbox"/> Bath | <input type="checkbox"/> Implant HomeAgain Microchip |
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Nail Trim | <input type="checkbox"/> FELV/FIV Test (Cats) |
| <input type="checkbox"/> Fecal Exam (Stool Sample) | <input type="checkbox"/> Clean Ears | <input type="checkbox"/> Heartworm Test (Dogs) |
| <input type="checkbox"/> Treat for Fleas/Ticks | <input type="checkbox"/> Check Anal Glands | <input type="checkbox"/> Other _____ |

The following information regarding your pet is very important for us to know.

PLEASE FILL THIS OUT COMPLETELY

If case of an emergency, please notify:

Owner’s Phone # while away: _____

Name of friend, relative, etc.: _____ Phone #: _____

Every attempt will be made to reach the above listed individuals prior to initiation of emergency care.

Did you bring your pet’s own food? Yes No Is this a prescription/special diet? Yes No

Has your pet been fed today? Yes No

How often do you feed your pet? _____

How much do you feed your pet at each feeding? _____

Is your pet on any medication? Yes No

If so, please list: _____

When was your pet last medicated? _____

All medication should be left with the pet at the time of boarding.

What date will you return to pick up your pet? _____

Pets cannot be picked up on Sunday, after 6pm weekdays, after 12pm Saturday or days closed for Holidays.

You may leave personal belongings (toys, treats, etc.) with your pet at your own risk. These items are hard to keep track of and sometimes get lost.

Client Agreement:

I understand the Boarding requirements stated above. I give permission for Seven Hills Animal Hospital to perform any vaccinations that are currently overdue and/or to collect a stool sample for a fecal exam if a negative fecal exam has not been recorded in the past 6 months. If parasites are found, I give permission for Seven Hills Animal Hospital to administer treatment. If the need for emergency care arises, I give permission for such care to be administered as deemed necessary by the on-duty veterinarian at Seven Hills Animal Hospital at my expense.

If my pet is found to have fleas or ticks, or if my pet becomes soiled while boarding, he/she may receive a bath or a flea/tick treatment (e.g. Frontline), at my expense.

Date: _____ Owner’s Signature: _____