



Town and Country Veterinary Hospital Boarding Consent

Client Name: _____ Client Phone Number: _____
Email: _____ Pet's Name: _____
Boarding start and End date: _____

By initialing below, you state that you understand the following requirements for boarding with Town and Country veterinary hospital.

Flea and Tick Treatment Consent *

_____ **Owners Initials:**

*Each pet will be flea and tick checked. If your pet has fleas or ticks, he/she will be given a one-time dose of Capstar and a monthly flea and tick treatment. **If we do not have an up-to-date doctor/client/patient relationship, a comprehensive physical examination will be performed and charged at the owner's expense.*

Have you noticed any coughing, sneezing, or nasal discharge in the last 30 days?

- Yes
- No

Medical Services

Vaccinations *

For your pet's protection, in order to board your pet, his/her Rabies, DA2PP/FVRCP, Canine Lepto, Canine Influenza, Canine Bordetella vaccine, and an intestinal parasite screen must be current. If any vaccinations are past due, your pet must be vaccinated before boarding for his/her protection. Vaccines administered will require an examination fee and will be added to your bill. If your pet has been vaccinated at another facility, we require proof of vaccination before they are dropped off. All animals left without proof of vaccination will be vaccinated at the owner's expense.

- My Pet is up to date with the above required Vaccinations and Intestinal Parasite screen.
- My pet was vaccinated against the above listed vaccinations elsewhere. I will be providing this certification.
- I will schedule an office visit prior to boarding to have services performed.
- While my pet is here, I would like to add the above services.

Medical Services to Be Completed *

Please check any of the following desired Medical Services to be completed during your pet's stay.

- No additional medical services needed at this time
- Preventative Healthcare Visit with a doctor
- Vaccination Initials or Boosters
- Medical Progress with a doctor
- External Parasite Prevention

- Heartworm Prevention
- Microchipping
- Other (please explain below)

Feeding Instructions:

Feeding Instructions Acknowledgement *

All belongings, except food and medications, are NOT accepted into boarding. We have plenty of towels, blankets, and toys (if allowed) for your pet. If you are bringing in your pet's food, please limit the amount of food to just what your pet will need during their stay. Medications need to be in the original, labeled container.

For exotic pets, you will need to bring the cage, bedding that will last the whole stay with daily cleanings, food, and medications (if needed) in the original container.

Pet Food *

- Bring our own (Please limit the amount of food to just what your pet will need while they are boarding.)
- In House: Purina EN

Pet Food Instructions *

Select all that apply

- Feed AM
- Feed PM
- Other Please explain below

How much (exact measurements) are you feeding your pet at EACH feeding? *

Medications / Supplements

- Medications and Supplements need to be in the original, labeled packaging.

Do you need any refills of medications while your pet is with us?

**Please list them below or type N/A*

While in boarding, will we be administering medications or supplements to your pet? *

No

Yes

Complementary Bath

At Town and Country Veterinary Hospital we believe that your pet should come home after their vacation, relaxed, and refreshed. We offer a free bath on the day of check out for all of our boarding pets and you are now able to add grooming services to their stay. The following is a list of services you may want to add to their stay for a discounted price.

Nail trim

Anal gland expression

Ear cleaning

Are there any special needs for bathing your pet?

If none please write n/a.

Disclosure Information

Disclosure Acknowledgement *

Please read the following and INITIAL in the space provided stating you understand. This hospital is to use all reasonable precautions against injury, escape, or death of your pet and the hospital and staff will not be held liable for any problems that develop providing reasonable care, and precautions are followed. If medical treatment of your pet is needed, we will contact you via your contact information prior to treatment. I understand that any problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

_____ Owners Initials

Resuscitation Order *

In case of a life-threatening emergency, do you authorize CPR and life-saving measures for your pet? CPR and life-saving measures could start at a minimum of \$300.00 to \$500.00. Please note that we are NOT a 24-hour veterinary facility and your pet is left unattended outside of normal office hours.

- CPR Order: YES, perform life saving measures for my pet
- DNR Order: No, DO NOT perform life saving measure for my pet

Owner Release

Owner Release Acknowledgement *

Please read the following and sign your full name in the space provided stating you understand. You are to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. I agree to make complete payment at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with Virginia state law, and that doing so does not relieve me of my financial obligations. I have read the above and I am in full agreement.

Signature of Owner or Agent

Date