**Creek and Meadow Veterinary Hospital**

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**BOARDING AGREEMENT**

Owner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop-Off Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drop-Off Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-Up Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-Up Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1st Pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2nd Pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3rd Pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brought Own Food? | Yes No | Yes No | Yes No |
| Amount Per Meal? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Feed Twice Daily? | Yes No | Yes No | Yes No |
| Feed Once Daily? | AM PM | AM PM | AM PM |

**Would you like your pet(s) bathed prior to pick up? (circle one) Yes No**

If you have multiple pets would you like them boarded and fed together? **Yes No**

Special feeding instructions, medications, and/or supplements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known food allergies, chronic health issues or previous surgeries? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of your pets climb fences or show destructive behavior? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have your pets ever shown aggressive behavior towards people, dogs, or cats? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We provide daily bedding changes and bowls for all boarding pets. We cannot guarantee all items from being chewed,

soiled on or lost. If you choose to leave personal items, please label all items with pet’s name. Describe all toys, beds,

blankets, etc. provided with your pets. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following services are required for boarding. (If your pets have no proof of vaccine history and/or negative fecal or are not up to date, they will be performed during your pets stay and you will be responsible for the additional fees.)

Rabies – All animals

FVRCP – Cats only

Fecal Exam – Dogs only

DHPP – Dogs only

Leptospirosis Dogs only

Bordetella – Dogs only

Place we may contact for prior medical and vaccination records. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ (Initial) I understand that if my dog or cat has fleas, ticks, or any other contagious or infectious disease then

treatment will be completed at my expense.

**How would you like us to proceed in the case of a life-threatening emergency situation? Please initial one:**

\_\_\_\_\_ Please DO NOTHING until I am reached at the above phone number.

\_\_\_\_\_ Please USE PROFESSIONAL JUDGEMENT and proceed accordingly. I understand I will be responsible for the cost of

such treatments.

**I agree to pay all fees in full for services rendered when my pet is discharged, unless prior arrangements have been agreed upon by both parties. I take full financial responsibility for any damages done by my pet while boarding. I hereby waive and release Creek and Meadow Veterinary Hospital from any liability for any injury, loss, or death of above named pets unless such actions are deemed reckless or intentionally harmful.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_