

SINGLE PET BOARDING AGREEMENT
 Fort Hunt Animal Hospital
 1900 Elkin Street Alexandria, VA. 22308 (703) 360-6100

Client Name:	Pet Name:
Address:	Species/Breed:
City/State/Zip:	Color:
Phone Number:	Sex:

Emergency Contact: _____ Phone Number: _____

E-mail Address: _____

Feeding Instructions: _____ Personal food: Yes: _____ No: _____

Belongings: _____

(I understand that any belongings left, besides leash and collar, are at risk of being lost and will not hold the hospital responsible)

Medications: _____ Date/Time of last dosage: _____

There is an administration fee to give medication to your pet while it boards here

Dates Boarding: _____ to _____

Boarding fees include the day of drop off and the day of pick up regardless of time

VACCINATION POLICY

Every pet checking in for boarding must be up-to-date on the following:

DOGS: Rabies (As req by law), DHLPP, Fecal Exam (Annually), Bordetella (Bi-annually)

CATS: Rabies (As req by law), FVRCP, Fecal Exam (Annually)

If you are unable to provide proof of the above stated items from a licensed veterinarian, your pet will be examined by a doctor and will receive the appropriate treatments (Wellness exam, vaccination and fecal collection fees will apply.)

All of our guests must be free of parasites, both internal and external. If they are not, we will treat them at the owner's expense. If it becomes necessary to fully or partially bathe your pet, we will do so at a nominal fee.

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet at a veterinary clinic is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number above regarding your pet's symptoms and treatment options. However, if no one can be reached, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ **In a life-threatening situation, I authorize whatever services the doctor deems necessary for the best care of my pet.**

OR

_____ **In a life-threatening situation, I direct the doctor to only provide those services necessary to keep my pet comfortable and alleviate pain.**

In the event my pet needs non emergency medical treatment please perform whatever services the doctor deems necessary for the best care of my pet. I agree to be financially responsible up to the cost of \$ _____

Admission Hours:

Monday - Friday 7:30 am - 6:30 pm

Saturday 7:30 am - 11:30 am

Discharge Hours:

Monday - Friday 9:00 am - 6:30 pm

Saturday 8:00 am - 11:30 am

If your pet is receiving a bath, please pick up no earlier than 4:00 pm (Monday-Friday)

I have read and understand this agreement and the cancellation policy. If I cannot pick up my pet on the specified date, I will notify Fort Hunt as soon as I can. I also understand that the hours of drop off and release are non-flexible. I agree to pay, in full, for the services rendered at time of pick up.

Signature: _____ Date: _____ FHAH staff: _____

Boarding Cancellation Policy

The cancellation policy here at Fort Hunt Animal Hospital is as follows: you must cancel 72 hours prior to the arrival date or your credit card will be charged \$40.00 **per pet**. If you call within the 72 hours of the arrival date, and then call back on a different day to cancel, you will still be charged \$40.00 **per pet**.

Holiday:

If you call to make a reservation over one of the “major 7 holidays” (Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas, New Years), the cancellation policy is as follows: you must cancel 10 days prior to the arrival date or we will charge your credit card **3 days of boarding per pet!** If you make the reservation within the 10 days and you call to cancel on a different day, you will be automatically charged for the three days of boarding **per pet**.

NO EXCEPTIONS!!

I have read and understand the boarding cancellation policy for Fort Hunt Animal Hospital. I also understand that this document will be kept in my pet(s) file(s) and that if I provide a false credit card number, expiration, security code or all of the above, I will have 30 days to pay my balance in full, or I will be turned over to collections.

Signature of Owner

Date