Fort Hunt Animal Hospital Boarding Agreement 1900 Elkin Street, Alexandria, VA. 22308 703-360-6100

Client Name: {I Client ID: {ID}		Patient Name:	{NAME}
Drop off times: Pick up times:	Monday - Friday: 7:30 am - 6:30 pm / S Monday - Friday: 9:00 am - 6:30 pm / S		
PLEASE BE AWARE THAT EVERY PET WILL BE CHARGED <u>PER DAY</u> OF BOARDING REGARDLESS OF PICK UP AND DROP OFF TIMES.			
VACCINATION Dogs: Cats:	N REQUIREMENTS: Every pet boardir Rabies, Distemper/Lepto/Parvo Virus, E Rabies, Distemper, Fecal exam		
	to provide documentation supporting the nated/tested as needed at a nominal fee.		
event that it is de hold Fort Hunt A negligent in the c Hospital's limit o agree to waive tri	nimal Hospital or it's employees liable fo are and treatment of my pet resulting in the	esponsible for in r these damages nese damages. Vue of the anima ospital will not l	ncurred medical expenses, and that I cannot unless they have been found to be grossly While my pet is boarded Fort Hunt Animal I but in no case shall it exceed \$500.00. I be liable for any punitive damages. Fort
	nes ill while boarding, we will call your en ou we will follow your directives provide		er regarding your pet's condition. If we are n the following page).
	All pets must be free of internal/external at the owner's expense. If your pet soils their cage and needs a p		ey are not, they will be treated by a doctor h, we will do so for a nominal fee.
us at least 72 hou	rs prior to drop off to avoid penalty. Car e same day, will be charged \$80 per pet.	cellations made	servation for any reason, you must notify within 72 hours of drop off, including a effect year round regardless of holidays.
unpaid balance d	n full at time of pick up. New clients musue to a bounced check or declined credit gany additional accrued charges. Any un Owners Initials	card, I understar	nd that the balance due must be paid within
I have read and a	gree to the conditions listed above.		
Client name: {F	ULLNAME}		
Signature:			

{CLIENTSIGNATURE} Date: {CURRENTDATE[SHORT]}