

**Day Boarding Agreement**  
Fort Hunt Animal Hospital  
1900 Elkin Street, Alexandria, VA. 22308

Pet Name:

Emergency Contact:

Phone Number:

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\***

Extra Walks:

Feeding Instructions:

Client Concerns:

**PROVIDE MY PET WITH BEDDING:**  YES  NO

(I understand that there are risks associated with my pet having any type of bedding, toys, etc. in their cage. I accept full financial responsibility for any treatments necessary should my pet ingest any of the above listed items)

**VACCINATION POLICY**

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

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 current vaccinations from a licensed veterinarian, your pet will be examined by a doctor and will receive the appropriate vaccinations (Wellness exam and vaccination fees 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.

\_\_\_\_\_ Please perform whatever services the doctor deems necessary for the best care of my pet.  
I authorize up to the indicated amount until specific authorization can be given \$\_\_\_\_\_

\_\_\_\_\_ Do not administer any medical treatment until specific authorization is given.

**Admission Hours:**

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

**Discharge Hours:**

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

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: