



Fax: 703-360-1310
www.forthuntanimalhospital.com

Requested Boarding Services for (Pet's First and Last Name) _____

Dates boarding: _____ to _____ DOB: _____ Weight at Check In (obtain at hospital): _____

Species: _____ Breed: _____ Color: _____ Sex: _____

Patient Allergies or Alerts: _____

Personality Notes (ex: prefers females, mouthy/play bites, doesn't like rain, etc.): _____

Medical Services Requested/Needed

Canine:

* Rabies _____ * Lyme _____ * Fecal _____
* DHPP/DHLPP _____ * Lepto _____
* Bord _____ * Wellness Exam _____
* CIV (Bivalent) _____ * 4DX+ _____

Feline:

* Rabies _____ * Wellness Exam _____
* FVRCP _____
* FELV _____
* Fecal _____

FEEDING INSTRUCTIONS: _____ OWNER'S FOOD*

MEDICATIONS*: _____
(Must be in original packaging due to AAHA regulations. Additional fee applies for medication administration.)

PROVIDE MY PET WITH BEDDING: YES NO OWN BEDDING

(I understand that there are risks associated with my pet having blankets, beds, toys, etc. in their cage. I accept full financial responsibility for any treatments necessary should my pet ingest or otherwise harm him/herself with any of the above listed items. I also understand that any of my pet's belongings may be lost despite the staff's best efforts and will not hold Fort Hunt Animal Hospital accountable for any such loss.)

GROOMING SERVICES*: Nail trim _____ Clean ears _____ Bath _____ Other _____
Pets will be ready to pick up after 4pm on their last day of boarding when a bath is requested. Pets leaving on Saturday will be bathed the preceding **Friday**.

OTHER SERVICES/NEEDS: _____

*Dogs are walked starting at 7:00 am and 4:30 pm each day. Additional walks can be provided for an additional fee. **Both extra walks are REQUIRED for puppies under 4 months of age.** Daily playtime is also available for an additional fee. Dogs will receive 15 minutes in our enclosed play yard with a staff member. Your dog will not be with any other dogs unless they are from the same household. *Every effort will be made to provide your pet with the requested playtimes, however if any playtimes cannot be accommodated due to weather, staffing shortage or behavior concerns with your pet, you will only be charged for the completed playtimes.

noon extra walk 7:00 pm extra walk 15 minutes of Playtime (\$15 for 1st dog, \$7.50 for additional dog)

*Cats receive 10 minutes of playtime by request for an additional fee.

AM playtime (10 minutes) PM playtime (10 minutes)

IMPORTANT! PLEASE READ CAREFULLY:

For non-emergency medical concerns that develop while boarding:

In the event that your pet becomes ill while boarding, we will attempt to contact you or an authorized representative at the emergency number listed below. If we are unable to reach you or the person you've authorized to make medical decisions regarding your pet, do you want us to begin treating your pet?

No Treatment until I have been reached Treatment up to \$150 Treatment \$150 - \$500 Unlimited Treatment

CONTACT #1: _____ PHONE: _____ E-MAIL: _____

CONTACT #2: _____ PHONE: _____ E-MAIL: _____

For immediately life-threatening emergency medical situations that arise while boarding:

Fort Hunt Animal Hospital's healthcare team provides superior pet health care and caring attention to every family member every time. We strive to perform at our best and demonstrate an AAHA standard care of excellent veterinary practice. If for any reason your pet is in an emergency state and cardiopulmonary resuscitation (CPR) is needed, we require all hospitalized and boarding pets to have a "code" status to allow for the fastest response possible. **Please initial ONE of the following options:**

OPTION #1: MAXIMUM RESUSCITATIVE EFFORTS AUTHORIZED

I request that the doctors and staff perform CPR procedures to revive my pet, which may include any or all of the following procedures: endotracheal intubation, oxygen support, administration of emergency drugs, and chest compressions. As with all services provided by Fort Hunt Animal Hospital, payment for these services will be made at the time they are rendered, regardless of the outcome. I accept that if the hospital staff is unable to reach me within 10 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, determine that there appears to be virtually no hope for medical success, they will cease further CPR procedures and administer a medication to help my pet pass peacefully (euthanasia). I understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health. _____ Owners Initials

OPTION #2: DO NOT RESUSCITATE (DNR)

I **do not wish** for Fort Hunt Animal Hospital to attempt resuscitation of my pet. I elect, instead, that the attending doctor administer a medication to help my pet pass away peacefully (euthanasia). This order does not affect comfort or other medically indicated care. _____ Owners Initials

I have reviewed and approve all of the above. Signature: _____

Staff Checked in: _____ Verifier: _____

Pet		Client		Age	
Breed		Color		Sex	
In		Out			

Alerts		Allergies	
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Stickers

<p><u>Personality Notes (kennel team to fill out as observed)</u></p>
<p><u>Feeding Instructions</u></p>

Date	Shift	Urine	Stool	Appetite	Staff	Comments	Staff Fed
	AM					Initial weight: _____	
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM					Check weight: _____	
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						

N: Normal A: Absent G: Good F: Fair P: Poor* D: Diarrhea* V: Vomit* *Notify hospital staff

Date	Shift	Urine	Stool	Appetite	Staff	Comments	Staff Fed
	AM						
	PM						
	AM						
	PM						
	AM					Check weight: _____	
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM					Check weight: _____	
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM					Check weight: _____	
	PM						
	AM						
	PM						
	AM						

N: Normal A: Absent G: Good F: Fair P: Poor* D: Diarrhea* V: Vomit* *Notify hospital staff

