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HOSPITAL BOARDING AUTHORIZATION

I will pick up on: Date _____ Time _____
I can be reached at _____ Or _____
If I cannot be reached there, call: _____
Are you available by email? If so, please provide email address: _____

DIABETIC PETS: (Additional Fees Apply) All diabetic pets will have a blood glucose test done upon check-in and check-out.

Type of insulin: _____ When was insulin given last: _____
Number of units: _____ per dose Location of injection site: _____
Time(s) of day: _____ Time pet last ate: _____

FEEDING INSTRUCTIONS: ☐ Own food ☐ Dry Only ☐ Canned Only ☐ Canned & Dry
Number of feedings per day: _____ How much per feeding: _____

MEDICATIONS TO GIVE: (Additional Fees Apply)

1) _____ next dose due _____
2) _____ next dose due _____
3) _____ next dose due _____
4) _____ next dose due _____
5) _____ next dose due _____

MEDICAL SERVICES REQUESTED (VACCINES WITH AN ASTERISK REQUIRE A PHYSICAL EXAM. Additional Fees Apply)

☐ Update **required** vaccines, annual test and exam:

Canine (*Rabies, *DaP or *DHPP, *Leptospirosis, Bordetella, H3N8 CIV, H3N2 CIV, and Fecal test)

Feline (*Rabies, *HCP or *FVRCP)

☐ Please update all **recommended** vaccines, annual test & exam: **Canine** (*Lyme vaccine & Heartworm test) **Feline** (Fecal test & *Feleuk vaccine)

☐ Check medical and vaccine history at: Name of Clinic: _____

☐ Request doctor exam for: _____

☐ Dr. may examine and treat as necessary, if a medical issue arises ☐ ODAHC should call before exam and treatment

MEDICAL, PHYSICAL OR BEAVIORAL PROBLEMS WE SHOULD BE AWARE OF:

MEDICAL TREATMENTS OR SERVICES NEEDED: (Additional fees apply)

☐ Extra walk at 8pm ☐ Nail trim ☐ Dremel nails ☐ Daily brushing ☐ Laser Therapy ☐ Physical rehabilitation

☐ Daily tooth brushing ☐ Special ODAHC treat after PM walk ☐ Daily Pup-Sicle ☐ Playtime 1X day 2X day

BATHING INSTRUCTIONS: (Additional Fees Apply)

☐ Bath (includes nails and ears) ☐ Professional Grooming (by appointment only) ☐ Moisturizer ☐ Clip mats ☐ Tooth brushing

☐ Dr/Tech to express anal glands ☐ Dremel nails (Dremel trim not included in bath)

Do you need an estimate for additional services not included in the daily boarding fee? YES NO

BEDDING AND KENNEL ITEMS: (initial preference)

Initial

YES, my pet can have ODAH Center provided bedding or personal items left with him/her in their kennel. ODAH Center will not be held liable for any injury, illness, or loss that may occur during the boarding period, including but not limited to, loss of personal items, damage to property, injury, illness or death to my dog or other animals due to bedding, clothing, toys, etc.

ITEMS LEFT: _____

***ODAH Center is not responsible for lost or damaged items left with pet(s)**

Initial

NO bedding, toys or clothing should be placed in the kennel with my pet(s).

MEDICAL EMERGENCY AUTHORIZATION:

Initial

I am the owner/authorized agent of the animal described below and authorize Old Dominion Animal Health Center (ODAH Center) to provide services as necessary to preserve the pet's life and well-being, and I absolve and release ODAH Center from any loss, expense, or liability arising from the performance of these services. In the event of a medical emergency, outside of regular hours, ODAH Center may transport the pet to a 24-hour emergency clinic, and I authorize ODAH Center staff members to grant permission for diagnostics and treatment at that facility until I am able to be contacted. All fees incurred at that 24-hour emergency clinic and/or ODAH Center, as well as all liabilities or losses are the sole responsibility of the owner or agent. I understand that the center is closed and not medically staffed outside of regular business hours.

*** I ALSO ACCEPT THAT ANY MEDICAL CONDITION WE BELIEVE TO BE PUTTING THIS PET IN PAIN OR RISK, INCLUDING INTESTINAL UPSET WILL BE TREATED IMMEDIATELY AT REGULAR HOSPITAL FEES.**

VACCINATIONS AND PARASITE PREVENTION AUTHORIZATION:

Initial

I understand that my pet(s) must be current on all required vaccination and be free of fleas and intestinal parasites. I authorize my pet to be vaccinated and treated for fleas and/or intestinal parasites if necessary.

FINANCIAL AUTHORIZATION:

Initial

I accept all financial responsibility for the above services, including any emergency clinic fees, and understand that, unless agreed to in advance, these fees must be paid before the pet is released. I also accept that all boarding charges accrue per calendar day.

MULTIPLE PET FAMILY:

Initial

I authorize and instruct ODAH Center to board my pets together in the same space. I absolve ODAH Center from any liability for injury or illness that may occur as a result of this action.

ADVANCE MEDICAL AUTHORIZATION:

Initial

If my pet becomes critically ill and I am unavailable, I have an Advance medical Authorization form on file.

Print pet's name: _____ Print Owner's Name: _____

Signature: _____ Date: _____

Admitting Staff Member _____