

All Pets Veterinary Hospital Inc.

43112 John Mosby Hwy. Suite 102
Chantilly, VA. 20152
Tel: (703) 327-6666 Fax: (703) 327-4664

BOARDING AGREEMENT

Monday - Friday pick up times are between 9am - 5pm and on **Saturday** 8:30am - 11:30 am

TODAY'S DATE _____ DATE OF PICK-UP _____ AM ___ PM ___

Owner's name _____ Phone _____

Emergency contact _____ Phone _____

OPTIONAL SERVICES

PETS NAME	Bath	Grooming	C.E.T CHEW TREAT: \$1	Playtime: 15min session \$10
1) _____	Y ___ N ___	Y ___ N ___	Y ___ # ___ /day N ___	Y ___ # ___ /day N ___
2) _____	Y ___ N ___	Y ___ N ___	Y ___ # ___ /day N ___	Y ___ # ___ /day N ___
3) _____	Y ___ N ___	Y ___ N ___	Y ___ # ___ /day N ___	Y ___ # ___ /day N ___

Pet brought: Medication ___ medication instruction _____
food ___ feeding instructions, _____ Toys _____ Bedding _____
Please include description of personal items, instructions, or any other services you would like for your pet during his/her stay. _____

BOARDING POLICY / REQUIREMENT AGREEMENT available online at allpetsveterinary.com or ask the receptionist for a copy.

We would like you to read the policy and requirements and provide us with proper pet's health records: (vaccination, fecal worm check within three months, topical parasite treatment within a month, Frontline, Revolution, Advantix) when your pets are dropped off. If records are not provided, we will update health records at the owner's expense. **Birds:** Require yearly exam and negative psittacosis test.

(Note: Receptionist cannot be expected to hunt down vaccine records.)

I have read, understand, and agree with the boarding requirements and policy **Initial** _____

MEDICAL ILLNESS POLICY

If your pet(s) becomes ill, we will call the emergency number listed above regarding your pet(s) symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we will perform the minimal necessary treatments to relieve immediate discomfort or to resolve an important "emergency" medical condition. This includes only non-elective treatments and necessary diagnostics.

I, hereby authorize Dr. S. Masood D.V.M., assigned doctors and/or staff he employs, to administer treatment as he/they consider therapeutically and/or diagnostically necessary on my pets. I also consent to the administration of such anesthetics, as are necessary, and surgical procedures of an emergency nature. I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the All Pets Veterinary Hospital of a new pick-up date. I, hereby release Dr. S. Masood D.V.M., assigned doctors, and his staff from all claims, legal or equitable, arising out of the treatment rendered by him, and affirm that no guarantee or assurance has been made as to the results that may be obtained. I have read and understand the above.

Date

Owner/Responsible Agent Signature