

HOMETOWN VETERINARY CLINIC

6137 Franconia Road, Alexandria, VA 22310

Phone: (703) 922-9861

Fax: (703) 922-9863

www.hometownvetclinic.net

facebook.com/hometownvetclinic



HOMETOWN VETERINARY CLINIC

BOARDING RELEASE

PET'S NAME: _____

OWNER'S NAME: _____

DATES OF PET'S STAY: _____

ESTIMATED PICKUP TIME: _____

HOME PHONE: _____

CELL PHONE: _____

ALTERNATE CONTACT: _____

PHONE: _____

CLIENT BRINGING OWN FOOD? YES NO

FEEDING INSTRUCTIONS: _____

DOES YOUR PET HAVE ANY SPECIFIC MEDICAL CONDITIONS OR MEDICATIONS? IF SO, I UNDERSTAND THAT THERE IS A \$3 PER DAY CHARGE FOR MEDICATION FEES. YES NO

MEDICATIONS: _____

WOULD YOU LIKE A FRONTLINE TREATMENT TO PROTECT YOUR PET FROM FLEAS? YES NO
(ONE APPLICATIONS COSTS \$15.00.) If we find fleas on your pet, we will treat appropriately to help prevent a flea infestation. Any flea treatments on your pet will be an additional cost to the owner.

I understand that Hometown Veterinary Clinic requires boarding animals to have specific vaccines before their stay. I know that these vaccines are Distemper (DHLPP), Bordetella, and Rabies for dogs. I know that these vaccines are FVRCP and Rabies for cats. I understand that it is my responsibility to deliver the appropriate vaccination records to Hometown Veterinary Clinic if any of the above vaccines were administered at another clinic. *If these vaccines are not current or if Hometown Veterinary Clinic cannot secure the appropriate vaccination records, I give my permission to Hometown Veterinary Clinic to administer them at their discretion.* I understand that the Bordetella vaccine, if given at the time my pet is boarding is not 100% effective. I understand that if vaccines are required and my pet has not had a physical exam within the past year, or if my pet has never been examined by Hometown Veterinary Clinic, an examination will be done at the cost of the owner. I understand that I am responsible for all of these charges.

In the event of an emergency and I can be reached, I authorize Hometown Vet Clinic to treat and/or euthanize my pet however they deem necessary with my verbal consent. In the event of an emergency and I cannot be reached, I authorize Hometown Veterinary Clinic to treat and/or euthanize my pet however they deem necessary. I agree to pay all expenses relating to the same. Hometown Veterinary Clinic is to use all reasonable precautions preventing my pet's injury or escape, however Hometown Veterinary Clinic will not be held liable or responsible in any manner. Hometown Veterinary Clinic will not assume any liability to lost or damaged personal property left with my pet. I assume all risks and charges.

I understand the hours of Hometown Veterinary Clinic. I understand that if I fail to retrieve my pet or contact the clinic within 5 days of the discharge date, the clinic will turn the animal over to the proper authorities as an abandoned animal.

GROOMING IS AVAILABLE MONDAY THROUGH SATURDAY. PLEASE INDICATE IF YOU WOULD LIKE YOUR PET GROOMED WHILE BOARDING.

PLEASE CHECK: FULL GROOM BATH ONLY NAIL TRIM

ADDITIONAL SERVICES TO BE PERFORMED: _____

I understand that I must pay in full when I come to pick up my animal. I understand that if this balance is not paid in a timely fashion, I will be responsible not only for the balance due but any collection and/or reasonable attorney fees that are incurred in the attempt to collect this debt. I UNDERSTAND THAT BOARDERS NOT PICKED UP BY 2:00 PM WILL BE CHARGED FOR ANOTHER NIGHT OF BOARDING.

OWNER'S PRINTED NAME _____

OWNER'S SIGNATURE _____

DATE _____