

# BOARDING FORM

Little River Veterinary Clinic 4000 Burke Station Road Fairfax, VA 22032 (703) 273-5110

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_

Emergency # \_\_\_\_\_ (2<sup>nd</sup>#) \_\_\_\_\_ (3<sup>rd</sup> #) \_\_\_\_\_

Date \_\_\_\_\_ Date to go home \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

## BOARDING RATE PER OVERNIGHT STAY:

Standard*:	<20 lb = \$21.00	41-60 lb = \$26.25	>81 lb = \$31.50
	21-40 lb = \$22.00	61-80 lb = \$29.50	Feline/Exotic = \$21.25
Off Season:	<20 lb = \$18.00	21-60 lb = \$20.00	>60lb \$24.00 Feline/Exotic = \$18.00

\*Standard pricing applies to three days before and three days after the following holidays: Martin Luther King Jr's Birthday, President's Day, Memorial Day, July 4<sup>th</sup>, Labor Day and Columbus Day. Also applies to the week of Christmas Eve thru New Year's, Easter/Spring Break and Thanksgiving Week.

## ADMINISTERING MEDICATIONS:

No. Of treatments per day \_\_\_\_\_ X \$ 1.10 = \$ \_\_\_\_\_ / day in ADDITION to above rate.

Name of medication 1.) \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Last dose given \_\_\_\_\_

Name of medication 2.) \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Last dose given \_\_\_\_\_

Name of medication 3.) \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Last dose given \_\_\_\_\_

If you forget your pet's medication, we will fill a prescription, if possible, at an additional cost.

## EXTRA BOARDING SERVICES PER DAY:

Extra Walks x \_\_\_\_\_ \$2.00/walk     Cuddle Time x \_\_\_\_\_ \$5.00/session     Cheesy Treat x \_\_\_\_\_ \$1.00  
 CET Chew x \_\_\_\_\_ \$1.00/chew     Play Time x \_\_\_\_\_ \$5.00/session

**DIET:**  clinic food (we feed only prescription diets)     owners food    Amount to feed daily (owners food) \_\_\_\_\_

**CURRENT MEDICAL PROBLEMS:**  Heart disease     epilepsy     other \_\_\_\_\_

**CURRENT VACCINATIONS:** All boarding or hospitalized pets must be current on their vaccinations. If vaccines are not on record and proof of vaccines is not provided, your pet will be vaccinated. **Parasites (fleas, ticks, worms, etc.) diagnosed in patients will be treated in order to decrease the spread of infectious disease.** We will provide emergency treatment if such treatment is deemed necessary. We will contact you (if possible) if the emergency is serious. If a minor medical problem should arise, we will treat according to the best interest of your pet. Fees for any of these additional services will be due when your pet goes home. Please leave a number where you or someone else can authorize treatments.

**BATHS:** We make every attempt to keep pets clean during their stay but if they become soiled, they will be bathed at your expense. Please indicate if you would like your pet to be bathed before going home.

I request a  BATH on (date) \_\_\_\_\_     PEDICURE (date) \_\_\_\_\_

*PERSONAL ITEMS: We do not recommend and cannot be responsible for personal items left for your pet, such as toys beds, etc. If you choose to leave personal items, **we will try to return them but are not responsible for their condition on their return.***

**REQUESTED TREATMENTS:** I request you to perform these services for my pet during their stay:

<input type="radio"/> Examination for _____	<input type="radio"/> Heartworm test (3DX)
<input type="radio"/> Start Treatment for problem found during examination	<input type="radio"/> Fecal (stool check for parasites)
<input type="radio"/> Vaccinations _____	<input type="radio"/> Other _____

**I agree to pay, in full, for services rendered including those deemed necessary for medical or surgical complications or unforeseen circumstances. I agree to pay these fees at the time I pick up my pet from LRVC.**

I understand that any estimate is an approximation and that the actual cost may be greater or less.  
estimate provided (cost range \_\_\_\_\_)

If I neglect to pick up my pet within 3 days of the date I said I would, you shall assume that the pet is abandoned and you are hereby authorized to place the pet, as you deem necessary. I understand that this does not release me from the bill for services performed.

I have read the above conditions, understand and agree to abide by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_ R.I. \_\_\_\_\_