6719 Lowell Avenue, McLean, VA 22101
Phone: 703-356-5582 Fax: 703-893-2441
E-mail: info@odahcenter.com
Website: www.odahcenter.com

ACCOMMODATIONS:

☐ Penthouse Suites (Canine) ☐ Doggie Den ☐ Courtyard Rooms ☐ Cat Condo

BOARDING INSTRUCTIONS:

I will pick up on: Date_____ Time_____

I can be reached at: _____ If I cannot be reached, call: _____

FEEDING INSTRUCTIONS: ☐ Own Food ☐ Dry Only ☐ Canned Only ☐ Canned & Dry How Many Feedings Per Day: _____

Instructions: _____

_____

MEDICATIONS TO GIVE:

1) _____ next dose due _____

2) _____ next dose due _____

3) _____ next dose due _____

4) _____ next dose due _____

MEDICAL SERVICES REQUESTED (VACCINES WITH AN ASTERISK REQUIRE A PHYSICAL EXAM):

☐ Update **required** vaccines, annual test and exam: ***Canine*** (Rabies*, DaP* or DHPP*, Leptospirosis*, Bordetella, CIV and Fecal test)
Feline (Rabies* and HCP* or FVRCP*)

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

☐ Check vaccine and annual test history at_____

☐ Request Doctor_____to examine (we may need to substitute a doctor) and ☐ treat after requested exam or ☐ call before treating.

MEDICAL PROBLEMS WE SHOULD BE AWARE OF: _____

CAPITOL CANINE CLUB: (Additional Fees Apply)

☐ Behavioral evaluation

☐ Daily playtime (Mon-Sat) ☐ Selected days (Circle all that apply) **Mon. Tue. Wed. Thur. Fri. Sat.**

BATHING INSTRUCTIONS: (Additional Fees Apply)

☐ Bath (includes nails and ears) ☐ Moisturizer ☐ Tooth brushing ☐ Dremel nails

☐ Professional Grooming (by appointment only) ☐ Clip mats ☐ Doctor / Technician to express anal glands

SPECIAL SERVICES: (Additional Fees Apply)

☐ Extra walks 12pm 8pm 11pm ☐ Playtime (one on one) 11am 1pm ☐ Daily brushing ☐ Nail trim

☐ Daily Pup-Sicle ☐ Daily tooth brushing ☐ Special ODAHC bedtime snack for dogs and cats

I am the owner (or 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 including anesthesia 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, we may transport the pet to a 24 hour emergency clinic. All fees, liabilities or losses are the sole responsibility of the owner (or agent). I also understand that the animal must be current on all vaccinations and be free of fleas. I authorize the animal to be vaccinated and treated for fleas if necessary. I understand that the center is closed and not professionally staffed outside of regular business hours; however, an experienced staff member lives on the premises and staff is provided for cleaning, feeding, and exercising during off hours. I accept all financial responsibility for the procedures listed above, including any emergency clinic fees, and understand that, unless agreed to in advance, these fees must be paid before my pet is released.

AUTHORIZATION:

Initials

*** 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.**

*** BOARDING CHARGES ACCRUE BY CALENDAR DAY.**

*** ODAHC IS NOT RESPONSIBLE FOR THE LOSS OR DESTRUCTION OF ANY ITEMS LEFT WITH THE PET.**

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

Signature: _____ Date: _____

BOARDING AUTHORIZATION