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HOSPITAL BOARDING INSTRUCTIONS SPECIAL NEEDS HOSPITAL BOARDING INSTRUCTIONS

I will pick up on: Date _____ Time _____

Or I will call with pick up date.

I can be reached at _____ Or _____

If I cannot be reached there, call: _____

May we send brief text messages? Yes / No (Please circle) Preferred cell number for texts: _____

Are you available by email? If so, please provide email address: _____

DIABETIC PETS:

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:

- 1) _____ next dose due _____
- 2) _____ next dose due _____
- 3) _____ next dose due _____
- 4) _____ next dose due _____
- 5) Follow-up Acupuncture _____ next treatment 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, *HCP or *FVRCP)

Please also update all recommended vaccines, annual test and exam:

Canine (*Lyme vaccine and Heartworm test) *Feline* (Fecal test and *Feleuk vaccine)

Check medical and vaccine history at:

Name of Clinic: _____ Location: _____

Request doctor _____ to examine (We may need to substitute a doctor)

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

PLEASE COMPLETE OPPOSITE SIDE

MEDICAL PROBLEMS WE SHOULD BE AWARE OF:

BEHAVIORAL OR PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF:

MEDICAL TREATMENTS OR SERVICES NEEDED: (Additional fees may apply)

- Special walk/exercise assistance _____ Hand feeding
- Other _____
- Extra walk 8pm Playtime: 11am 1pm Nail trim Dremel nails Daily brushing
- Doggie daycare (1 extra walk & 1 playtime) Daily tooth brushing Special ODAHC treat after PM walk

BATHING INSTRUCTIONS:

- 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 daily boarding fee? YES NO

I am the owner (or agent) of the animal described below and authorize Old Dominion Animal Health Center (ODAHCcenter) to provide services as necessary to preserve the pet's life and well-being including appropriate general, parenteral, or oral anesthesia and I absolve and release ODAHCcenter from any loss, expense, or liability arising from the performance of these services.

I also understand that the animal must be current on all vaccinations and free of fleas. I authorize the animal to be vaccinated, treated for fleas if necessary, and that these services will be charged at the regular hospital fees. I understand that the center is closed and not professionally staffed outside of regular business hours, except by appointment or in an emergency; however, an experienced staff member lives on the premises and staff is provided for cleaning, feeding, and exercising every hour of every day of the year.

I accept all financial responsibility for the procedures listed above 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: _____

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

Initials: _____

Admitting Staff Member _____