



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 play group (Mon-Sat)
- Selected days (during entire stay) **Mon. Tue. Wed. Thur. Fri. Sat.**  Selected days (specify dates) \_\_\_\_\_

**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/cats  Dog Massage (Subject to masseuse availability)

I am the owner 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, 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 medically staffed outside of regular business hours; however, an experienced staff member lives on the premises and staff is present for cleaning, feeding, and exercising during off hours. I accept all financial responsibility for the above services, 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**