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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:**

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**BEHAVIORAL OR PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF:**

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

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- Special walk/exercise assistance \_\_\_\_\_  Hand feeding
- Other \_\_\_\_\_  Massage (Subject to masseuse availability: discuss with staff.)
- Extra walk 8pm  Playtime: 11am 1pm  Nail trim  Dremel nails  Daily brushing
- Daily tooth brushing  Special ODAHC treat after PM walk  Daily Pup-Sicle

**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 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, 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 parasite checks. I authorize the animal to be vaccinated, and/or bathed if necessary, and that these services will be charged at the regular hospital fees. I understand that the center is closed and not medically 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 present for cleaning, feeding, and exercising 24 hours a day.

I accept all financial responsibility for the above services 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** \_\_\_\_\_