6719 Lowell Avenue, McLean, VA 22101
Phone: 703-356-5502 Fax: 703-893-2441
E-mail: info@cellabcenter.com
Website: www.cellabcenter.com

**ACCOMMODATIONS:**

☐ Bathroom Suites (Center) ☐ Doggie Day ☐ Overnight Rooms ☐ Cat Condo

**BOARDING INSTRUCTIONS:**

Will pick up on: Date _____ Time _____

Keep in touch at: _____ If Center is reached, call _____

Optional Email address, in case we cannot reach you by phone (please print clearly): _____

**FEEDING INSTRUCTIONS:** ☐ Free Feed ☐ Dry Only ☐ Canned Only ☐ Canned & Dry How Many Feedings Per Day _____

Instructions: _____

_____

**MEDICATIONS TO GIVE: (Additional Fees Apply)**

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):**

☐ Options **required** vaccines, annual test and exam: **Canine:** Rabies*, DAP* or DHPP*, Leptospirosis*, Bordetella, HOW CIV, HONG CIV and Fecal test

**Feline:** Rabies* and RCP* 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 ☐ issue after requested exam or ☐ call before treating

**MEDICAL PROBLEMS WE SHOULD BE AWARE OF:** _____

**CAPTAIN CANINE CLUB: (Additional Fees Apply)**

☐ Behavioral evaluation ☐ Daily play group (Show fee)

☐ Selected days (during center 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 nails ☐ Express anal glands

**SPECIAL SERVICES: (Additional Fees Apply)**

☐ Extra walks 12pm 8pm 1 pm ☐ Pipeline (one on one) 12 pm 1pm ☐ Daily brushing ☐ Nail trim

☐ Daily Play Rock ☐ Daily tooth brushing ☐ Special CHARM bedtime snack for dogs/cats ☐ Dog Massage (Subject to availability)

I am the owner/authorized agent of the animal described below and authorize Old Dominion Animal Health Center (ODAHC) center to provide services as necessary to preserve the pet's life and well-being, and I absolve and release ODAHC 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, ODAHC center may transport the pet to a 24-hour emergency clinic, and I authorize ODAHC center staff member to sign permission for diagnostic and treatment at that facility and I am able to be contacted. All fees incurred at that 24-hour emergency clinic, and/or ODAHC center, as well as all 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 the loss of these vaccinations, the animal to be vaccinated and tested for Bordetella (Kennel Cough) and 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 all 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 the pet is released.

**AUTHORIZATION**

Initials

*** I AGREE AS THE PET OWNER OR AGENT, THAT ANY MEDICAL CONDITION WE DECIDE TO BE IN THE PET'S BEST INTEREST OR RISK, INCLUDING POTENTIAL DEATH, WILL BE THE SOLE RESPONSIBILITY OF THE PET OWNER OR AGENT.**

*** BOARDING CHARGES ARE DUE BY 11 AM DAILY.**

*** 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**