



6719 Lowell Avenue, McLean, VA 22101  
Phone: 703-261-5592 Fax: 703-261-3440  
E-mail: info@totalcare.com  
Website: www.ohiovetcenter.com

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 then, call: \_\_\_\_\_

May we send text 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: \_\_\_\_\_

Times of day: \_\_\_\_\_    Time per last site: \_\_\_\_\_

FEEDING INSTRUCTIONS  Own food     Dry Only     Canned Only     Canned & Dry

Number of feedings per day: \_\_\_\_\_    How much per feeding: \_\_\_\_\_

#### MEDICATIONS TO GIVE (Additional Fees Apply)

1) \_\_\_\_\_ next dose due \_\_\_\_\_

2) \_\_\_\_\_ next dose due \_\_\_\_\_

3) \_\_\_\_\_ next dose due \_\_\_\_\_

4) \_\_\_\_\_ next dose due \_\_\_\_\_

5) Follow-up Appearance \_\_\_\_\_ next treatment due \_\_\_\_\_

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

Update required vaccines, annual test and exam:

**Canine** (\*Rabies, \*DHP or \*DHPP, \*Leptospirosis, Bordetella, BDNV-CIV, HUSK CIV, and Fecal test)

**Feline** (\*Rabies, \*FICP or \*FVRCP)

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

**Canine** (\*Leptos vaccine and Heartworm test) **Feline** (Fecal test and \*Feline 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.  OEA/ABC should call before exam and treatment

PLEASE COMPLETE OPPOSITE SIDE