



# Veterinary Hospital

5078 Williamsport Pike, Suite N  
Martinsburg, WV 25404  
304-270-1063

## Boarding Authorization

### DATES BOARDING

**Drop off Date**

\_\_\_\_\_

**Pick up Date**

\_\_\_\_\_

In order to protect the health of your pet, this facility requires documentation showing that all boarding dogs have current Rabies, DHLPP, and Bordetella vaccines, and cats have current Rabies and FVRCP vaccines. If any vaccinations are past due, he/she must be inoculated before boarding. Vaccines that must be administered at this facility will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

### MEDICATIONS

If your pet will be receiving medication during his/her stay, it must be in the original veterinary-labeled container with instructions for administration. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill.

Name	Strength	Frequency
_____	_____	_____
_____	_____	_____

### HEALTH HISTORY/CONCERNS

Health History: \_\_\_\_\_  
\_\_\_\_\_

Health concerns owner would like addressed during stay:

\_\_\_\_\_  
\_\_\_\_\_

Does your pet have any phobias?

Yes \_\_\_\_\_  No

Your pet will be examined for fleas. If fleas are found, your pet will be treated.

If another pet is boarded in the same kennel, please list their name(s) here: \_\_\_\_\_

**DIET—FEEDING INSTRUCTIONS**

We have a variety of foods available to meet the nutritional needs of your pet. Please indicate the food to be fed and specify whether your pet eats dry food only, canned food only, or both, and the number of times your pet is fed per day. We are also pleased to feed another commercial or prescription diet of your choice if you bring it with you. Please provide special feeding instructions:

Feeding Schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF BOARDING POLICY**

1. A full day’s board is charged for the first and last days, no matter what time your pet is admitted or released.
2. We request for your pet to be picked up no later than **5:30 p.m. (Monday—Friday)** and/or no later than **11:30 a.m. on Saturday** on the last day of boarding. Discharges after hours, Sundays, and major holidays are not permitted.
3. Personal items may be left at your own risk. SMVH is not responsible for loss or damage.

**Personal items left:**

\_\_\_\_\_  
\_\_\_\_\_

4. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, fleas, escape, other unforeseen illnesses or death.
5. If your pet becomes ill, I request that SMVH provide all medical/surgical treatment it deems necessary, with fees not to exceed \$\_\_\_\_\_

I acknowledge that in the event of my pet’s illness, the staff at SMVH may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of <animal> until I am available to discuss further care and related fees with the attending veterinarian.

I agree to make full payment at the time of discharge. I certify that my pet appears to be free of contagious disease and has not bitten anyone in the past ten days. I accept that if I fail to pick up my pet within 14 days of notification at the above address, it will be considered abandoned and will be handled in accordance with WV state law, and that doing so does not relieve me of my financial obligations. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours. If I desire that my pet have supervision when this facility is closed, I can elect to transfer him/her to a local emergency clinic where overnight veterinary supervision is available at my expense.

I, the undersigned owner or authorized agent of the owner responsible for seeking veterinary care for the pet identified above, certify that  **I AM** or  **I AM NOT** over eighteen years of age.

\_\_\_\_\_  
**Signature of Owner or Authorized Agent**

**Phone number(s) where I can be reached:** \_\_\_\_\_