



# Poquoson Veterinary Hospital

483 Wythe Creek Road  
Poquoson, Virginia 23662  
(757) 868-8532

DR. JEAN B. EDDY • DR. RUSSELL K. BAILEY  
DR. BRITTANY B. ASHWORTH

## BOARDING POLICY

Owner's Name \_\_\_\_\_ Pet's Name(s) \_\_\_\_\_ Pick Up Date \_\_\_\_\_

If you are bringing multiple pets, are they able to ( ) sleep together, ( ) play together, or ( ) be fed together?

***Boarding is available to healthy, fully vaccinated pets.***

1.) Upon admittance, your pet will have a flea inspection. If fleas are found, a flea treatment will be administered at the owner's expense. Which flea preventative is your pet currently using?

Advantage  Frontline  Advantix  Revolution  Other  None  
Will your pet need flea preventative while boarding? Yes /Date to apply \_\_\_\_\_ No/Date Applied \_\_\_\_\_

2.) Which heartworm preventative is your pet currently using?

Interceptor  Heartgard  Revolution  None  
Will your pet need heartworm preventative while boarding? Yes/Date to administer \_\_\_\_\_ No \_\_\_\_\_

3.) Not only may your pet pick up hospital odors while here but even the neatest of pets may be messy while boarding. For this reason we recommend a bath the morning of discharge. Prices are determined by the size of your pet.

YES, please bathe my pet before discharge. Pick-up is after 3:00PM.  
 NO, bathing is not necessary.

4.) If your pet is taking medications or on a special diet please specify the type, quantity, and times per day they are given. A fee of **\$2.00** per day will be charged for administering medications.

Drug/Food Amount to be given Times per day

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

5.) Boarding fees must be paid in full on the day of pick-up. New clients boarding pets are required to pay a deposit of one half of the entire cost. **PETS ARE RELEASED TO OWNERS ONLY**, unless prior arrangements are made. Who is authorized to pick up your pets? \_\_\_\_\_

6.) All pets are monitored closely by our staff during their stay. Animals visiting our hospital for the first time receive a complimentary physical examination. If any medical problem is observed or develops, please let us know how you would like us to treat your pet by checking one of the following:

- ( ) Please treat as required. You need not call me.
- ( ) Notify me for permission to begin non-emergency treatments.

\*Note: If we are unable to contact you, Poquoson Veterinary Hospital has the authority to proceed with any veterinary medical services deemed necessary for the safety of the pet at the owner's expense.

7.) I understand that the hospital is not responsible for loss or damage to personal items left with the pet, including collars and leashes. Please list personal items:

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

Owner/Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_