## Deep Creek Veterinary Hospital 420 Happy Acres Road Chesapeake VA 23323 757-487-1333

## **Boarding Release**

Check In Date:	Check In Time:	Boarding From: To:
Employee Checked In:		
Client ID:	Patient Name :	ID:
Client Name:		Age :
Address:	Species :	Breed:
	Sex :	Color :
Telephone:	Markings :	
CANINE: Exam Heartworm Test Is your pet on Heartworn Has your pet had any med If yes, please explain Are any medications nece prescribed container) Boarders with spe additional needs f REQUIREMENTS FOF 1. All animals must 2. All animals must 7 roundworms, cocc 3. Deep Creek Vete arise while in the payment is due in 4. If a sedative is nea medication and ch 5. Pets left in the fac considered aband discretion of the d	Intestinal Parasite Exam FELIN m prevention? YES NO Flea pre- lical, behavioral or other changes/issues in the ssary while boarding? YES NO A ecial needs, (ex. medication, wound treatment ee, in addition to the daily boarding fee. <b>R BOARDING</b> be current on vaccinations required. be free of internal and external parasites (ex. cidia etc.), or they will be treated at owner's e <b>erinary Hospital has permission to examine</b> <b>e care of Deep Creek Veterinary Hospital.</b> <b>n full at checkout.</b> cessary for treatment or handling, Deep Creek harges will be applied to the owners account. cility beyond two days after expected release <b>loned</b> and charges will be filed against the owners <b>loctor</b> . <i>Abandonment does NOT relieve own</i>	e last month? YESNO If yes, please list (Medications must be in original t, ear cleaning, injections, etc) will be charged an . ticks, fleas, hookworms, whipworms, expense. e and provide treatment should medical needs Charges will be applied to the pets invoice and k Veterinary Hospital will administer such date without contact from owner will be wner. Disposition of the abandoned animal is at the
<ol> <li>Do you ha</li> <li>Is there an</li> <li>Is it okay</li> <li>May we p (this inclu</li> </ol>	<b>IE FOLLOWING QUESTIONS:</b> ave a nickname for your pet?	
		policies of Deep Creek Veterinary Hospital
	_	Date:
Emergency Contac	t: Emergency	y Number: