4205 Evergreen Lane
Annandale, VA 22003

Phone: 703-256-8414
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Columbia Pike Animal Hospital
Boarding Policies and Release Form

Owner's Name: _____ Emergency Number: _____

Pet's Name: _____ Drop off Date: _____ Pick Up Date: _____

Vaccinations: All boarders must have current vaccinations in order to board. State law requires that all animals be vaccinated against rabies, we also required dogs to be vaccinated against bordetella (kennel cough) and have a current DHLPP vaccine, and cats must have a current FVRCP vaccine. If your pet is not current or verification of current vaccines is not provided we will give all vaccines and charge your bill accordingly. (an exam fee of $45.00 will apply) **X**_____

Fleas: To remain a flea free environment, all animals in the hospital with fleas or ticks will be bathed or treated at the owner's expense.
X _____

Feeding: All pets are fed nutritionally balanced meals; please let us know how you want your pet fed by marking the appropriate boxes. If you would like your own food served, please provide the appropriate amount.

☐ AM only ☐ PM only ☐ Both

☐ Wet Food ☐ Dry Food Both ☐ Own Food: _____

Medication: If your pet needs any medication while staying with us, please leave detailed instructions in the space provided. There is an additional charge of $2.00 per day for administering medications brought in by the client (if the meds need to be refilled please let us know.) All medications must be in the original prescription container.

_____

Supplies and Toys: All supplies necessary for boarding are provided by the hospital; do not leave any supplies or toys. Any supplies/toys may get lost during the visit and may not get returned. We will not be responsible for any items left with pets (i.e. leashes, carriers, blankets etc.)
X_____

Walking: Walking dogs costs an additional $2.00 a day. Be aware of the risks of your dog escaping while being walked outside as there is no enclosed area to walk them. I would like my dog walked. ☐

Grooming/Bathing: The kennel cannot be held responsible for matted pets. If you would like the pet to see the groomer while here please let us know.

☐ I would like my pet groomed (this is an appointment with the groomer, instruction form for groomer needs to be filled out also)

☐ I would like my pet to have a bath only. (this will be performed by the kennel staff

Date services to be performed. _____

Exam: ☐ I would like my pet to have a physical exam while here. The cost of the exam is $45.00.

Treatment: I would like my pet to have the following treatment also. (I.e. toe nail trim, anals expressed, ear/eye cleaning, vaccines.) please specify:_____

Emergency Treatment: Please be aware that some pets are under stress while away from their owners and may become ill during boarding. This is unavoidable. In the event that my pet becomes ill during its visit, I hereby authorize any emergency treatment and/or the administration of medication deemed necessary by the attending veterinarian. I understand this includes diarrhea, ear infections and emergency illness. I understand there will be additional charges in the event this becomes necessary.
X _____

Although the hospital is not open for regular hours on Sundays and Holidays, our staff will meet your pet's medical, physical and nutritional needs. Regular Staff Hours**:** Monday to Friday 7:00 am – 10:00 pm
Saturday 7:00 am – 7:00 pm

Owner Release: Columbia Pike Animal Hospital will use all reasonable precaution against injury, escape or death of my pet. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the treatment expense involved. I agree to pay for all services rendered at the time the pet is discharged from the Hospital or the service is otherwise terminated. I agree to pay for reasonable costs of collection, attorneys fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the Hospital is located. If I neglect to pick up within 5 days of the pick up date and do not notify a hospital manager/supervisor within that time frame, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and /or necessary.

Signature:_____ **Date:** _____