



CHESAPEAKE ANIMAL HOSPITAL

Chesapeake Animal Hospital
713 Greenbrier Parkway
Chesapeake, VA 23320-3624
757-547-5100

THERE ARE TWO PAGES TO THIS DOCUMENT--PLEASE READ AND COMPLETE BOTH

Upon admission to the hospital boarding facility, all pets will receive a brief physical exam (at no charge) by the veterinary technician. In cases of severe illness or injury, these problems will be brought to the attention of the doctor, who will examine your pet (at additional expense) and decide on a course of treatment. We will make an effort to contact you, but in rare circumstances, treatment may be necessary and instituted to stabilize or treat your pet if you can not be contacted. If minor problems are noted by the technician, please elect a course of action:

- _____ 1) Please have my pet examined by the doctor and treated.
_____ 2) Please note the problem and I will make an appointment with the doctor upon my return.

In the event of severe illness or injury, I the undersigned, do hereby give my consent for the doctors of Chesapeake Animal Hospital to treat, prescribe for, or operate upon my pet(s) while they are being boarded at Chesapeake Animal Hospital. This will be at my expense. They are to use all reasonable precautions against illness, injury, or escape of my pet(s), but they will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

Upon admission to the hospital, all animals will be treated at no charge with Capstar, which is a tablet which kills fleas within 4 hours. It is safe to use with any other type of flea control. If flea infestation is severe, the pet may be bathed at owner expense.

All vaccinations must be current, including Bordatella for dogs, and Feline leukemia for cats. If leukemia has not been given previously, a blood test will be necessary before vaccination. A series of two vaccines 3 weeks apart is needed for full protection. There will be a \$3.00/day additional charge for administering oral medications. There will be a \$6.00/day additional charge for administering injectable medications,(plus the cost of the medication or fluids if applicable).

Should the circumstance arise that my pet(s) remain unclaimed after the date which I have stated as the pick-up date, I understand that written notice will be mailed to the address above. Seven days after such written notice the pet(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best. It is further understood that such action will not relieve me from paying all costs of your service and the use of your hospital, including the cost of the boarding service.

Chesapeake Animal Hospital will not be held responsible for any lost or misplaced leashes, collars, toys, towels, or bedding materials which may be left with your pet. I understand that Chesapeake Animal Hospital is staffed during the following hours:

7:30 AM to 7:00 PM Monday through Thursday

7:30 AM to 5:00 PM Friday

7:30 AM to 12:00 Noon Saturday

I have read the foregoing and agree.

Signature of Owner/Representative of Owner Date

Please answer the following questions concerning your pet's present health:

Medications to be given: _____ How often? _____

Has your pet shown any recent signs of diarrhea? _____ Vomiting? _____

Sneezing? _____ Coughing? _____ Appetite Change? _____

Have there been any other unusual symptoms or signs that we should be aware of while boarding your pet? _____

Are there any other services which you would like performed while your pet is here?

Does your pet exhibit any behavior problems? _____

How often is your pet fed _____ and how much is fed for each meal _____?

If you have answered "yes" to any of the questions above, please explain fully in the space below.

Address and Phone Number where you can be reached while you are away:

Address: _____ Phone: (_____) _____

Person to contact in event of an emergency if we can not contact you:

Name: _____ Phone: (_____) _____