

# Beltsville Veterinary Hospital Boarding Checklist

Please be advised. We are not a 24 hour facility.

Date In: \_\_\_\_\_ Time In: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Date Out: \_\_\_\_\_ Time Out: \_\_\_\_\_

Owner/Client's Name: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

**Circle One:** Canine Feline

All dogs will be walked twice per day unless otherwise specified. (2 walks are included in the boarding fee).

Please circle your instructions for walks. (Prices will not be modified if you request less than 2 walks) :

Standard 2 walks/day

1 walk/day

No Walks

3 walks/day\*\* \$3.00 additional/walk

**Permission to Walk (For Boarding Canines)** - Our kennels and runs are completely indoors. We have a small fenced area but most dogs are walked outside of that area. Understanding that all possible precautions will be taken, I will not hold Beltsville Veterinary Hospital responsible in any way should my pet escape while being walked at my request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FEEDING:** Date/Time of last feeding: \_\_\_\_\_

**Circle:** brought own food use hospital's food wet dry wet/dry mix

Feed how often: (Please circle) 1x in AM 1x in PM 2x daily 3x daily

Please list **any allergies:** \_\_\_\_\_

**MEDICATIONS:** Please list below, if any.

Medication Name/Strength	Instructions	Last Given

Additional comments/requests: **(Fees may apply for requests that require a doctor's attention or grooming)**

**\*Please note\*** Our kennel is not responsible for items such as blankets, toys, bowls, leashes and collars. It is recommended that you leave these items at home. If fleas are found on your pet, flea treatment will be administered to your pet at your expense.

**Permission to Treat** - I request that medical treatment be administered to my pet as deemed necessary should the need arise. I will assume full financial responsibility for such care.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_