

SUPERVISED BOARDING REGISTRATION FORM

Client's Name: _____ Pet's Name: _____

Drop-Off Date/Time: _____

Pick-Up Date/Time: _____

Part I – FEEDING AND SERVICES NEEDED

I brought my pets own food from home? Yes No

My pet is on medication? YES NO
(If yes, please see attached form)

Has your pet eaten today? YES NO

Items left with my pet: ****Although we do our best to ensure that your pet goes home with their belongings, we are not responsible for lost or damaged items****

Clean-up bath before pick-up? YES NO

Already has a grooming appointment scheduled? YES NO
****If yes, your pets pick-up time will need to be after 2:00pm to allow time for drying****

Does your pet need an exam or other services while boarding?

YES **(Please see attached form)** NO

Part II – EMERGENCY INFORMATION

Please provide the best numbers to reach in the event of an emergency:

Yours: _____

Emergency Contact and Number: _____

I, HEREBY, give the Northern Virginia Veterinary Associates, permission to administer medical or surgical treatment as needed until owner can be notified. I also give permission to give vaccines and treat for parasites as needed. **Animals infested with fleas or those that are unusually dirty will be bathed.** I understand that these services will be charged and must be paid at pets release.

Signature _____ Date: _____