



**midlothian
animal clinic**

14411 Sommerville Court
Midlothian, VA 23113
804-794-2099 (Phone)
804-794-3015 (Fax)
www.macvetva.com

Boarding Agreement

Your Name: _____ Pet's Name: _____
Today's Date: _____ Pick Up Date: _____ Emergency Telephone: (____)____-____
Alternate Contact Name: _____ Spouse Partner Co-Owner Other Telephone:(____)____-____
E-Mail Address: _____

Our Policy

All fees are to be paid at the time services are performed
In the event of a medical emergency, I authorize Midlothian Animal Clinic to administer treatment and/or perform diagnostic or surgical procedures as Midlothian Animal Clinic deems necessary. Midlothian Animal Clinic will make every attempt to contact you using the emergency contact number above. After this, we will use the alternate contact number, then we will attempt to contact you via e-mail. I accept responsibility for any fees resulting from care and treatment provided by Midlothian Animal Clinic.

Owner Initials: _____ Date: _____

Required Information

Please answer the following questions

- **We require all pets boarding here:**
 - **to have a current physical exam by a veterinarian within one year for pets under 7, and every 6 months for pets 7 and older.**
Is your pet up to date on his/her exam? Yes No
 - **to be up to date on their vaccinations. (Distemper, Rabies, Canine Bordetella)**
Is your pet up to date on his/her vaccinations? Yes No
 - **to be flea free. (If fleas are present, preventative will be applied at an additional charge)**
Is your pet on flea prevention? Yes No Type: _____
 - **if currently on medications to continue medications while boarding.**
Is your pet currently on any medication? Yes No **List all medications below:**

There is an additional fee for dispensing medications

Please initial here _____ and list below the medications and dosing while here

Medication _____	<input type="checkbox"/> Once	<input type="checkbox"/> Twice	<input type="checkbox"/> Three times daily	Special Instructions _____
Medication _____	<input type="checkbox"/> Once	<input type="checkbox"/> Twice	<input type="checkbox"/> Three times daily	Special Instructions _____
Medication _____	<input type="checkbox"/> Once	<input type="checkbox"/> Twice	<input type="checkbox"/> Three times daily	Special Instructions _____

Additional Services Available (extra charges apply)

I would like to have my pet **examined** while being boarded. YES NO

I would like to have my pet **vaccinated** while being boarded. YES NO

I would like to have my pet **bathed** before while being boarded. YES NO

I would like to have my pet receive **another service** while being boarded. YES NO _____

Special Instructions: _____

Signature: _____ Date: _____