Beltsville Veterinary Hospital Boarding Checklist

Please be advised: We are r	not a 24 hour facility. If picking up after 3pm an additional night of boarding w	vill be charged.
Date In: Time In:	Pet's Name:	
Date Out: Time Out:	Owner/Client's Name:	
	Emergency Contact Numbers:	
Circle One: Canine Felir	ne	
All dogs will be walked twice pe	er day unless otherwise specified. (2 walks are included in the boardir	ng fee).
Please circle your instruction	ns for walks: Standard 2 walks/day 3 walks/day**Additional cost	
When was your pet's last dose of Flea/Tick medication? Name of Medication:		
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, <u>I will not hold Beltsville</u> <u>Veterinary Hospital responsible in any way should my pet escape while being walked at my request</u> .		
Signature:	Date:	
FEEDING: Date/Time of las	st feeding:	
Circle: brought own food u	se hospital's food wet dry wet/dry mix	
Feed how often: (Please circle) 1x in AM 1x in PM 2x daily 3x daily; How much to feed?		
Please list any allergies:		
MEDICATIONS: Please list bel	low, if any.	
Medication Name/Strength	Instructions	Last Given
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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: _____