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HOSPITAL BOARDING INSTRUCTIONS SPECIAL NEEDS HOSPITAL BOARDING INSTRUCTIONS

I will pick up on: Date _____ Time _____

Or I will call with pick up date.

I can be reached at _____ Or _____

If I cannot be reached there, call: _____

May we send brief text messages? Yes / No (Please circle) Preferred cell number for texts: _____

Are you available by email? If so, please provide email address: _____

DIABETIC PETS:

All diabetic pets will have a blood glucose test done upon check-in and check-out.

Type of insulin: _____ When was insulin given last: _____

Number of units: _____ per dose Location of injection site: _____

Time(s) of day: _____ Time pet last ate: _____

FEEDING INSTRUCTIONS: Own food Dry Only Canned Only Canned & Dry

Number of feedings per day: _____ How much per feeding: _____

MEDICATIONS TO GIVE: (Additional Fees Apply)

1) _____ next dose due _____

2) _____ next dose due _____

3) _____ next dose due _____

4) _____ next dose due _____

5) Follow-up Acupuncture _____ next treatment due _____

MEDICAL SERVICES REQUESTED (VACCINES WITH AN ASTERISK REQUIRE A PHYSICAL EXAM)

Update **required** vaccines, annual test and exam:

Canine (*Rabies, *DaP or *DHPP, *Leptospirosis, Bordetella, H3N8 CIV, H3N2 CIV, and Fecal test)

Feline (*Rabies, *HCP or *FVRCP)

Please also update all **recommended** vaccines, annual test and exam:

Canine (*Lyme vaccine and Heartworm test) **Feline** (Fecal test and *Feleuk vaccine)

Check medical and vaccine history at:

Name of Clinic: _____ Location: _____

Request doctor _____ to examine (We may need to substitute a doctor)

Dr. may examine and treat as necessary, if a medical issue arises ODAHC should call before exam and treatment

PLEASE COMPLETE OPPOSITE SIDE

MEDICAL PROBLEMS WE SHOULD BE AWARE OF:

BEHAVIORAL OR PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF:

MEDICAL TREATMENTS OR SERVICES NEEDED: (Additional fees may apply)

- Special walk/exercise assistance _____ Hand feeding
- Other _____ Massage (Subject to masseuse availability: discuss with staff.)
- Extra walk at 8pm Nail trim Dremel nails Daily brushing Laser Therapy Physical rehabilitation
- Daily tooth brushing Special ODAHC treat after PM walk Daily Pup-Sicle

CAPITOL CANINE CLUB: (Additional Fees Apply)

- Behavioral evaluation Daily play group (Mon-Sat)
- Selected days (during entire stay) **Mon. Tue. Wed. Thur. Fri. Sat.**
- Selected days (specify dates) _____

BATHING INSTRUCTIONS:

- Bath (includes nails and ears) Professional Grooming (by appointment only) Moisturizer Clip mats
- Tooth brushing Dr/Tech to express anal glands Dremel nails (Dremel trim not included in bath)

Do you need an estimate for additional services not included in daily boarding fee? YES NO

I am the owner/authorized agent of the animal named below and authorize Old Dominion Animal Health Center (ODAH Center) to provide services as necessary to preserve the pet's life and well-being, and I absolve and release ODAH Center from any loss, expense, or liability arising from the performance of these services. In the event of a medical emergency, outside of regular hours, we may transport the pet to a 24-hour emergency clinic, and I authorize ODAH Center staff members to grant permission for diagnostics and treatment at that facility until I am able to be contacted. All fees incurred at that 24-hour emergency clinic and/or ODAH Center, as well as all liabilities or losses are the sole responsibility of the owner or agent. I also understand that the animal must be current on all vaccinations and be free of fleas. I authorize the animal to be vaccinated and treated for fleas if necessary. I understand that the center is closed and not medically staffed outside of regular business hours; however, an experienced staff member lives on the premises and staff is present for cleaning, feeding, and exercising during off hours. I accept all financial responsibility for the above services, including any emergency clinic fees, and understand that, unless agreed to in advance, these fees must be paid before the pet is released.

AUTHORIZATION:

Initials

- * I ALSO ACCEPT THAT ANY MEDICAL CONDITION WE BELIEVE TO BE PUTTING THIS PET IN PAIN OR RISK, INCLUDING INTESTINAL UPSET, WILL BE TREATED IMMEDIATELY AT REGULAR HOSPITAL FEES.**
- * BOARDING CHARGES ACCRUE BY CALENDAR DAY.**
- * ODAHC IS NOT RESPONSIBLE FOR THE LOSS OR DESTRUCTION OF ANY ITEMS LEFT WITH THE PET.**

Print pet's name: _____ Print Owner's Name: _____

Signature: _____ Date: _____

_____ If my pet becomes critically ill and I am unavailable, I have an Advance Medical Authorization form on file.

Initials: _____

Admitting Staff Member _____