



6719 Lowell Avenue, McLean, VA 22101
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Website: www.odahcenter.com

ACCOMMODATIONS:

- Penthouse Suites (Canine) Doggie Den Courtyard Rooms Canine Cottages Cat Condo

BOARDING INSTRUCTIONS:

I will pick up on: Date _____ Time _____

I can be reached at: _____ If I cannot be reached, call: _____

Optional Email address, in case we cannot reach you by phone (please print clearly): _____

FEEDING INSTRUCTIONS: Own Food Dry Only Canned Only Canned & Dry How Many Feedings Per Day: _____

Instructions: _____

MEDICATIONS TO GIVE: (Additional Fees Apply)

- 1) _____ next dose due _____
- 2) _____ next dose due _____
- 3) _____ next dose due _____
- 4) _____ next dose 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* and HCP* or FVRCP*)
- Please also update all **recommended** vaccines, annual test and exam: **Canine** (Lyme vaccine* and Heartworm test)
Feline (Fecal test and Feline Leukemia* vaccine)
- Check vaccine and annual test history at _____
- Request Doctor _____ to examine (we may need to substitute a doctor) and treat after requested exam or call before treating.

MEDICAL PROBLEMS WE SHOULD BE AWARE OF: _____

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: (Additional Fees Apply)

- Bath (includes nails and ears) Moisturizer Tooth brushing Dremel nails
- Professional Grooming (by appointment only) Clip mats Doctor / Technician to express anal glands

SPECIAL SERVICES: (Additional Fees Apply)

- Extra walks 12pm 8pm 11pm Playtime (one on one) 11am 1pm Daily brushing Nail trim
- Daily Pup-Sicle Daily tooth brushing Special ODAHc bedtime snack for dogs/cats Dog Massage (Subject to masseuse availability)

I am the owner/authorized agent of the animal described 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, ODAH Center 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. Effective 12/01/2023: all prices listed, advertised and quoted include a 3% Cash Discount incentive built into the pricing. This discount is for cash, debit and check purchases. Any purchase made with a credit card will NOT receive the Cash Discount. A non-cash discount adjustment will be displayed on your credit card receipt.

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: _____

BOARDING AUTHORIZATION