



South Arundel Animal Hospital
85 W Central Avenue
Edgewater, MD 21037
410-956-PETS (7387)
vcasoutharundel.com

Staff Use Only:

- ☐ Billed
☐ Scanned/Attached

____ Staff initials

Name: _____

Pet name: _____

Address: _____

Circle one: Dog Cat Bird Rabbit Ferret Other

Breed: _____ Male Female

Phone: _____

Pet's age: _____

Can you be reached while away? _____

If yes which is best? (circle one) Main # Cell # Text Message Email: _____ Other _____

South Arundel Boarding Release Form

Check-in Date: _____

Check-out Date: _____

In case of an emergency contact name & phone number: _____

Date of last flea/tick preventative application: _____ Flea/Tick product used: _____

If we see any fleas on your pet while boarding, he or she will be treated at your expense.

Is your animal thunder phobic? _____ If yes, describe his/her reaction & how you usually handle it: _____

Medications Are you providing your own detailed medication sheet: Yes No

Please list your pet's medications here:

1. _____ Directions: _____ When given: _____

2. _____ Directions: _____ When given: _____

3. _____ Directions: _____ When given: _____

4. _____ Directions: _____ When given: _____

Feeding Instructions

Does your pet have any food allergies OR restrictions? **Yes No** If yes explain: _____

Quantity: _____ **How often?** _____ **Time of last meal:** _____

Belongings What other belongings are you dropping off with your pet? **We recommend labeling all belongings.**

Any Special Instructions or Notes:

Pet is due for the following services (required for boarding): _____

Do you authorize us to complete these items (circle one) YES NO Initial here _____

Additional services available- please initial if requested (additional charges apply):

_____ Extra walk

_____ 15 min playtime

_____ Bath with technician (includes nail trim and ear cleaning)

_____ Nail trim only

_____ Anal Gland expression

_____ Exam by veterinarian

Grooming services:

_____ Professional Grooming (includes bath and haircut, nail trim, ear cleaning, and anal gland expression)

_____ Extra Brush out

_____ Furminator treatment

_____ Nail grinding (dremel)

_____ Teeth brushing

Please initial that you have read and agree to the following:

_____ I understand that my pet must maintain a once yearly exam at VCA South Arundel Animal Hospital. Pet must also have a fecal sample checked for parasites every 6 months, as well as updated vaccines.

_____ Should illness, injury, or circumstances warrant the need for emergency services, I understand that the hospital will try to contact me or the individual indicated as the emergency contact before treatment, but must exercise the option to proceed if no one is available for clearance. I understand that I will be responsible for all charges incurred for such treatment for my pet.

Signature

Date

Staff use only (initial when completed):

CSR check-in: _____

Tech check-in _____

Kennel size: _____

2nd tech check _____

Pet's weight _____

All services were provided (tech) _____