

# **Brambleton Veterinary Hospital Boarding Agreement**

## **For Day and Overnight Boarding**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Emergency Contact (Name & Phone #) \_\_\_\_\_

Additional Contact (Name & Phone #) \_\_\_\_\_

Dates of Boarding: \_\_\_\_\_

***If owner is not reachable, and injury has occurred, owner consents to treat at doctor's discretion.***

**Feeding Instructions:** *We encourage owners to bring their pet's food. Change in diet can cause GI upset. Please note: Dry only meals are only included for pets boarding overnight.*

Owner's Food ☐ BVH Food ☐ We feed Purina EN

How often is your pet fed and how much? \_\_\_\_\_

\*BVH does not provide can food or treats. You may request this for an additional cost of \$1-2 a day (Size Determined)

Do you want can food and treats provided? Yes ☐ No ☐

### **Medical Care:**

Does your pet take medications? Yes ☐ No ☐ If yes, please list below w/instructions

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Does your pet have any additional medical problems we should be aware of? \_\_\_\_\_

Is your pet on any flea/tick control? No ☐ Yes ☐ If yes, what kind? \_\_\_\_\_

### **Personal Items:** (please list each item and its color)

Collar ☐ \_\_\_\_\_ Harness ☐ \_\_\_\_\_ Leash ☐ \_\_\_\_\_

Bedding ☐ \_\_\_\_\_

If not provided, does your pet have a tendency to eat bedding or towels? \_\_\_\_\_

Toys ☐ \_\_\_\_\_

Other ☐ \_\_\_\_\_

### **My Pet:**

CAN play with others ☐ Can NOT play with others ☐ Will jump/climb fences ☐

### **While boarding, my pet needs a:**

Bath ☐ Groom ☐ Nail Trim ☐ Other: \_\_\_\_\_

BVH does require all pets to be up to date on vaccines. Proof of vaccination is required. Cats must be FELV and FIV tested. Pets may be updated on vaccines while boarding at Doctor's discretion. Any pet admitted for boarding that is seen to have fleas or ticks will be treated at Doctor's discretion and at owner's expense. Owner releases BVH from any liability associated with injury that may occur while playing or boarding.

Owner /Agent Signature: \_\_\_\_\_ Date : \_\_\_\_\_



## REGISTRATION AND HISTORY

Dr. Erika Henson  
Dr. Matthew Sisk

3528 Brambleton Avenue  
Roanoke, Virginia 24018

Telephone: (540) 774-5236

If my pet is admitted for any in-hospital procedure, I agree to have all vaccines updated as needed.

X \_\_\_\_\_

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Date \_\_\_\_\_

### REGISTRATION

Owner \_\_\_\_\_ SS# / DL# \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City ☐ County ☐ email \_\_\_\_\_

Spouse \_\_\_\_\_ SS# / DL# \_\_\_\_\_

Primary Number \_\_\_\_\_ Work Phone \_\_\_\_\_ Secondary Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn of our clinic? ☐ Yellow Pages ☐ Recommendation ☐ Website

☐ Sign ☐ Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

Numbers of pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_

Reason for visit \_\_\_\_\_

### PET HEALTH HISTORY

Name of Pet \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate \_\_\_\_\_

☐ Male ☐ Neutered ☐ Female ☐ Spayed

Vaccination History (Date and type of last vaccinations) \_\_\_\_\_

Please check (☐) any symptoms or problems that you have noticed about your pet.

- ☐ Behavior Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Bulging or Bloodshot
- ☐ Gagging

- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head

- ☐ Sneezing
- ☐ Thirst and/or Urination Increased
- ☐ Vomiting
- ☐ Weakness
- ☐ Other \_\_\_\_\_

Pet's current medications \_\_\_\_\_

Describe your pet's diet \_\_\_\_\_

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Method of payment ☐ Cash ☐ Check ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa ☐ Other \_\_\_\_\_



**BRAMBLETON**  
VETERINARY HOSPITAL

3528 Brambleton Avenue  
Roanoke, Virginia 24018  
Phone: 774-5236 • Fax: 774-5461

**Statement of Accounts Receivable:**

Brambleton Veterinary Hospital is a non-billing facility. Payment is required at the time services are rendered. We accept cash, check, and most major credit cards.

If a check is returned to us for whatever reason the balance of the check plus an appropriate return check fee will be due within one week of the check being returned.

If an account carries a balance for more than one month without proper payment or arrangements being made, Brambleton Veterinary Hospital will send the account to an attorney for collections. At that time Brambleton Veterinary Hospital will add 33% to the bill to cover the cost of attorney fees which will be your responsibility to pay.

Any and all outstanding accounts will incur a monthly finance charge of one and one half percent (18.00% APR) of the unpaid balance until the account is made current.

Signature owner/agent: \_\_\_\_\_

# **Brambleton Veterinary Hospital**

## **Photo Release Form**

I, \_\_\_\_\_, give Brambleton Veterinary Hospital permission to use my and/or my pet's photograph on the Brambleton Veterinary Website, Facebook, or other social media sites. I am releasing these photographs to Brambleton Veterinary Hospital without compensation. I understand that these photos will appear on the World Wide Web as part of Brambleton Veterinary Hospital's website and social media posts for the purpose of advertisement. I also understand that photographs may be added or removed at any time without additional consent.

\_\_\_\_\_  
**Signature**

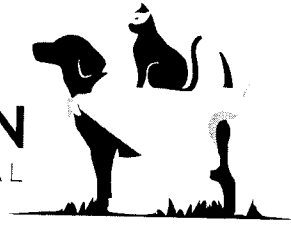
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name(s) of Pet(s)**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

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VETERINARY HOSPITAL



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3528 Brambleton Avenue • Roanoke, Virginia 24018

**DISCLOSURE FORM**

We are required by law to make our clients aware of the hours of operation of Brambleton Veterinary Hospital. We are open 7am-7pm Monday thru Friday, 7am-2pm Saturday, and 3pm-5pm Sunday, and we are closed all major holidays. We are not staffed from 7pm-7am Monday thru Friday, from 2pm Saturday until 3pm Sunday, and from 5pm Sunday until Monday morning. There are no veterinarians present in the hospital on Sundays.

I have read and understand the above.

Signature of Owner/Agent \_\_\_\_\_