



PATIENT	SPECIES	AGE	OWNER
SEX	BREED		ADDR
COLOR			PHONE

The terms of this agreement between the undersigned and Hickory Veterinary Hospital apply to all visits by your pet(s) to the boarding facility hereafter.
 In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of Hickory Veterinary Hospital to treat, prescribe for, or operate on my pet(s) while they are being boarded at the hospital. If the hospital is closed and the on call physician cannot be reached, I authorize the boarding personnel on staff to take my pet to the closest Veterinary Emergency clinic.

NOTICE:

THE BOARDING OF ANIMALS IS SUBJECT TO ARTICLE 4 (§3.2-6518 ET SEQ.) OF CHAPTER 65 OF TITLE 3.2. IF YOUR ANIMAL BECOMES ILL OR INJURED WHILE IN THE CUSTODY OF THE BOARDING ESTABLISHMENT, THE BOARDING ESTABLISHMENT SHALL PROVIDE THE ANIMAL WITH EMERGENCY VETERINARY TREATMENT FOR THE ILLNESS OR INJURY.

THE CONSUMER SHALL BEAR THE REASONABLE AND NECESSARY COSTS OF EMERGENCY VETERINARY TREATMENT FOR ANY ILLNESS OR INJURY OCCURRING WHILE THE ANIMAL IS IN THE CUSTODY OF THE BOARDING ESTABLISHMENT. THE BOARDING ESTABLISHMENT SHALL BEAR THE EXPENSES OF VETERINARY TREATMENT FOR ANY INJURY THAT THE ANIMAL SUSTAINS WHILE AT THE BOARDING ESTABLISHMENT IF THE INJURY RESULTED FROM THE ESTABLISHMENT'S FAILURE, WHETHER ACCIDENTAL OR INTENTIONAL, TO PROVIDE THE CARE REQUIRED BY §3.2-6503. BOARDING ESTABLISHMENTS SHALL NOT BE REQUIRED TO BEAR THE COST OF VETERINARY TREATMENT FOR INJURIES RESULTING FROM THE ANIMAL'S SELF-MUTILATION.

We reserve the right to refuse to accept a pet at check- in for any reason, including, without limitation, if the pet is not current on required vaccines; appears to be sick, injured, in pain; or displays behavior that could jeopardize the safety and/or health of the staff or other boarding and/or hospitalized pets.

We require that your pet be up to date on vaccinations before each stay. Your pet must be fully vaccinated at least two weeks prior to their visit to allow your pet to establish immunity. We also require that your pet be free of external parasites such as fleas and/or ticks. Should your pet exhibit signs of diarrhea or worms during their stay, a fecal exam will be completed, and treatment administered if parasites are found.

_____My DOG has been vaccinated within the last year against Distemper (DACPP) and Bordetella and has a current Rabies vaccination.

_____My CAT has been vaccinated against Feline Distemper (FVRCP) and Feline Leukemia (FELV) and has a current Rabies vaccination.

_____My PET(S) is/are current on flea/tick preventative. I understand that should fleas and/or ticks be present on my pet(s), my pet(s) will be treated for these parasites during their stay, at my expense.

_____I understand that my PET(S) will be tested and treated for intestinal parasites, at my expense, if there is a diarrhea event during their stay, or if my pet(s) exhibit any symptoms of intestinal parasites.

Patient:

Client:

You may bring personal items for your pet. Please label your personal items with permanent fabric marker as they may be washed during your pet(s) stay. Hickory Veterinary Hospital is not responsible for personal items and they are being left at your own risk. The hospital is not responsible for any items that are lost, destroyed, or damaged.

_____ I understand that Hickory Veterinary Hospital is not responsible for any items left with my pet(s).

Hickory Veterinary Hospital is not responsible for ingestion of blankets or bedding destroyed by pet(s) while boarding. Blankets or dog beds are placed in kennels at owner's risk. If a member of the Hickory staff sees a pet chewing on blankets or bedding, such items will be removed from the pet(s) kennel for the remainder of their boarding stay. In the event my pet(s) destroy and ingest blankets or dog beds while boarding, I do hereby give my authorization and consent for the doctors of Hickory Veterinary Hospital to treat, prescribe for, or operate on my pet(s) while they are being boarded at the hospital and shall bear the reasonable and necessary costs of such medical treatment. Please initial below indicating whether or not you wish your pet(s) to have dog beds or blankets while boarding.

_____ My pet(s) may have blankets or dog beds with them while boarding

_____ My pet(s) may NOT have blankets or dog beds with them while boarding

I hereby agree that payment in full is due at the time of pick-up or will be pre-paid at drop-off.

_____ I understand and accept boarding charging policies.

Pets may be dropped off or picked up Monday through Friday from 8:00am to 5:00pm and Saturdays from 8:30am to 12:30pm. There is no one available to check-in or release pets on Sundays, Holidays, or after hours. Boarding staff members are prohibited from opening the doors during these times and will be unable to release your pet(s) to you for any reason.

In accordance with the Code of Virginia §3.2-6520; any animal not claimed by its owner from a licensed veterinarian or boarding establishment within fourteen days after a letter of notice has been sent to the owner, by the veterinarian or boarding establishment, may be sold by the veterinarian or boarding establishment. The animal may be sold at public or private sale for fair compensation to a person capable of providing care consistent with this chapter. Any expense incurred by the veterinarian or boarding establishment becomes a lien on the animals and the proceeds of the sale shall first discharge this lien. Any balance of the proceeds shall be paid to the owner. If the owner cannot be found within the next ensuing thirty days, the balance shall be paid to the Literary Fund. If no purchaser is found, the animal may be offered for adoption or euthanized.

Pets are only to be released to the owners of record, unless a secondary agent is identified at drop-off. The named agent must be over the age of 18 and locally available. If we are unable to reach you in an emergency, we will contact the person listed as your agent to act on your behalf. By naming this person as your agent, you give them full authority to make any and all decisions, including those relating to the health of your pet and the expenditure of funds.

In the event of an emergency or natural disaster, we will make all reasonable effort to contact you or your agent to retrieve your pet. You agree that Hickory Veterinary Hospital, at its full discretion, is authorized to transport, and/or make temporary alternative arrangements to house and care for your pet(s) until either you or your agent can retrieve them. You also understand that it may not always be possible to safely evacuate your pet.

Hickory Veterinary Hospital is active in social media and would like to post photos of your pet(s) during their stay. We use these photos to help clients stay connected to their pet(s) even when they are away.

_____ Yes I would like to participate and see photos of my pet(s) online!

_____ No, please exclude my pet(s).

Patient:

Client:

Signature

Client Printed Name

Date

Best Contact Number

Preferred Agent Name

Agent Contact Number