

Hickory Veterinary Hospital, LLC
100 Kegman Road W
Chesapeake, VA 23322

Boarding Release Form

Patient:	Species:	Age:	Owner:
Sex:	Breed:	Address:	
Color:	Weight:	Phone:	
ID:	Rabies:	Microchip:	

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.

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.

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.

I understand that my PET(S) will be tested and treated for parasites, at my expense, if they exhibit any symptoms of parasites.

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. 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 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).

Signature

Client Printed Name

Contact Number

Date

Preferred Agent Name

Agent Contact Number