

# Stream Valley Veterinary Hospital

Modern Medicine • Hometown Hospitality

## BOARDING FORM

42902 Waxpool Road, Ashburn, VA 20148 • 703-723-1017 • Fax 703-723-8509 • receptionsvvh@gmail.com

Owner \_\_\_\_\_ Emergency No. & Contact Person \_\_\_\_\_

Guest \_\_\_\_\_ Dates of Visit (from) \_\_\_\_\_ (to) \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

### FEES PER CALENDAR NIGHT

by weight (mark one):

#### Cats

☐ \$27/night - client

☐ \$32/night - non client

#### <30 Small dogs

☐ \$32/night - client

☐ \$37/night - non client

#### 31-60 Medium dogs

☐ \$34/night - client

☐ \$39/night - non client

#### >60 Large dogs

☐ \$36/night - client

☐ \$41/night - non client

### ADDITIONAL FEES PER DAY

**Up to 2 medication doses per day:** \$8.00/day in addition to above fees

**More than 2 medication doses per day:** \$10.00/day in addition to above fees

**Special Needs Guest (IMPORTANT: PLEASE INDICATE NATURE OF NEEDS):** \$18.00/day in addition to above fees

☐ Diabetes ☐ Heart Disease ☐ Epilepsy ☐ Ortho ☐ Other

**Diet:** ☐ Kennel Food ☐ Client Food \_\_\_\_\_

### COMPLETE SECTION FOR MEDICATIONS CAREFULLY (On back of form)

### ADDITIONAL SERVICES

☐ Anything else we can do for your pet while with us: \_\_\_\_\_

☐ Examination for: \_\_\_\_\_

**\* Any animal boarding at this facility for the first time will be given a pre-boarding exam at the cost of \$42.00.**

**Current Vaccination** – We believe every guest has the right to be protected from infectious and contagious diseases. All patients must have current vaccinations. **If vaccines and tests are not on record and proof of same is not provided, these services will be preformed at owner's expense.**

**Please give the following:** ☐ Rabies ☐ Distemper ☐ FELV/FIV Test ☐ Kennel Cough ☐ Heartworm Test ☐ Fecal Exam ☐ Influenza

**Parasites** – We believe every guest has the right to be free of external (fleas, ticks & mites) and internal (worms) parasites. If your pet is not on flea prevention it will be administered during stay. Your pet is on \_\_\_\_\_. If your pet has not had a Fecal Exam or Heartworm Test within the last year, we will test your pet. **If your pet is infected, treatment will be prescribed as appropriate and you will be charged.**

**Personal items** – Every guest has the right to clean comfortable housing. All leashes and collars should be removed. We cannot be responsible for items left with the pet. Please advise us if your pet has been known to chew up bedding (YES/NO). May we provide a blanket? (YES/NO)

**Baths** – Every guest has the right to be clean during their stay. We will make every effort to keep them clean, however, if they become soiled they will be bathed at your expense. Every guest staying longer than 5 nights will be required to have a bath before going home.

**I request a:** ☐ Bath & Nails ☐ Professional Styling Pickup Time: \_\_\_\_\_

**Emergency Services** – It is our responsibility to provide emergency treatment should the need arise. We will contact you if the problem is serious (if possible); if a minor problem, we will treat according to the best interest of the patient. **Fees for emergency services will be due at the time of check-out.**

**Playtime** – I authorize Stream Valley Veterinary Hospital to combine my pet with others of like temperament in attended playtimes. I understand that there is a risk of injury. ☐ Yes ☐ No Initials: \_\_\_\_\_

**Disclosure Statement** – **This facility is NOT staffed 24 hours a day.** Our medical staff is on the premises 6 days a week and kennel assistants 7 days a week. Any special care that is required after hours needs to be arranged ahead of time and will be administered by the veterinarian on call.

**Payment** – I agree to pay for all services in full when my pet is released from the Hospital. **Note: We will gladly provide an estimate upon request.**

I have read the above conditions, understand and agree to them. If I neglect to pick my pet up within seven (7) days of the date I said I would, you shall assume that my pet is abandoned and you are hereby authorized to place the pet as you deem necessary. I understand this does not release me from the incurred charges.

**\*Please drop off or pick up pets at least 15 min. prior to closing; a delay fee may be applied if our staff is held past closing time.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hours: Monday-Friday 7 am - 7 pm, Saturday 8 am - 3 pm, Sunday 5 pm - 7 pm (pick ups only)**

**Staff** \_\_\_\_\_

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## COMPLETE THIS SECTION WITH CARE

**MEDICATIONS** — We believe every guest has the right to receive prescribed medications as directed by the doctor and owner. These medications will be administered under the direction of a doctor and licensed technician. They will be recorded in the patient's record and hospital treatment logs. Medications taken from hospital supply will be charged for in addition to treatment fees above.

MEDICATION (drug)	DOSE	FREQUENCY (times/day)	SCHEDULE (certain time of day)	LAST TREATMENT (date/time)	SOURCE OF MEDICATION (hospital supply/your supply)



## Daycare Admission Form

Owner Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Emergency No. & Contact Person \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Does your dog play well with others?    Yes    No    Not Sure

Special Needs/Diet \_\_\_\_\_

**Fees per Day:**    \$35.00/day (Summer), \$30.00/day (Winter)

I prefer to pay daily: \_\_\_\_\_

I prefer to pay weekly: \_\_\_\_\_

**Please note:**    Daycare is available as space allows.

Daycare is not available on holidays

### **Routine Day Includes:**

Meet the staff; individual play

Morning snack & radio (Hills treats unless otherwise supplied by owner)

Group play (if compatible)\*\*

Lunch (Science Diet Maintenance unless otherwise supplied by owner)

Nap with radio

Last playtime of the day

### **Optional Services:**

Spa bath (price varies with breed)

Weight Loss Program with weigh-ins (additional cost)

Water play (seasonal)

**Current Vaccinations-**We believe every guest has the right to be protected from infectious and contagious diseases. Therefore all patients must have current vaccinations. If vaccines are not on record and proof of vaccines is not provided, your pet will be vaccinated at an additional cost to you.

**Parasites-**We believe every guest has the right to be free of external (fleas, ticks, & mites) and internal (worms) parasites. If your pet is not on flea prevention it will be administered during stay at an additional cost. If your pet has not had a fecal exam within the last year, we will test your pet. If your pet is infested, treatment will be prescribed as appropriate and you will be charged.

**Emergency Services-**It is our responsibility to provide emergency treatment should the need arise. We will contact you if the problem is serious (if possible); if a minor problem, we will treat according to the best interests of the patient. Fees for emergency services will be due when your pet goes home.

\*\*Waiver must be read and signed regardless of group play compatibility

**Consent for Dog Walking/Group Play/Agility  
And  
Release and Waiver of Liability for Dog Walking/Group Play/Agility**

I, \_\_\_\_\_, give Stream Valley Veterinary Hospital ("Hospital"), Dr. Mary Corey and her employees permission to have my dog participate in group play. I understand that my dog must have had its entire series of vaccinations completed prior to being accepted for Daycare. I consent to the listed charges and agree to pay as charges are incurred.

I acknowledge that my dog has been, and is trained to walk on a leash and that I know of no tendency of my dog to pull off the leash or attack people, dogs, or other animals when on a leash. I am aware and understand that there are risks involved with group play, including, but not limited to, minor injury, injury by other animals, and even death. I expressly and knowingly accept and assume the risk of injury or death to my dog due to reasonable acts and reasonable standards of care by the Hospital, its agents, employees, officers, directors, members and staff; but I do not assume such risk as to grossly negligent acts of the Hospital, agents, employees, officers and directors, members and staff.

I also give the Hospital, Dr. Mary Corey and her employees permission to exercise my dog utilizing standard agility equipment. I acknowledge that my dog is in good health, has had a health exam within the last six months, and is capable of participating in these exercises. I am aware of and understand the risk involved with the practice of agility including, but not limited to, athletic/orthopedic injury, blunt or sharp trauma, and falls.

With the knowledge of the foregoing, and as an inducement for the Hospital to have my dog participate in group play and exercise, I hereby knowingly agree and expressly and irrevocably waive and/or release any and all rights that I, my spouse, my heirs, my personal representatives, my successors and assigns may have to make a claim against the Hospital, agents, employees, officers and directors, members and staff.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM KNOWINGLY AND IRREVOCABLY GIVING UP (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST THE HOSPITAL AND THE HOSPITAL'S EMPLOYEES, AGENTS, OFFICERS, STAFF, OR ITS BOARD OF DIRECTORS, OR ANY LANDOWNERS, THEIR FAMILIES, EMPLOYEES OR TENANTS, OVER WHOSE LAND MY DOG IS WALKED, FOR ANY INJURIES MY DOG MIGHT SUSTAIN WHILE BEING EXERCISED ON THE-PROPERTY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, THE HOSPITAL, ITS BOARD OF DIRECTORS, EMPLOYEES, AGENTS, OFFICERS AND STAFF, AND/OR ANY LANDOWNERS, THEIR FAMILIES AND TENANTS, OVER WHOSE LAND MY DOG IS WALKED FOR MY DOG INJURING ANYONE ELSE OR ANOTHER ANIMAL WHILE SO ENGAGED. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THIS HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

SEEN, AGREED AS TO CONDITIONS AND COSTS, AND LIABILITY WAIVER HEREBY GRANTED TO DR. MARY COREY, STREAM VALLEY VETERINARY HOSPITAL AND ALL ITS EMPLOYEES AND AGENTS:

I have read the above conditions, understand and agree to them. If I neglect to pick my pet up within seven (7) days after drop off, you shall assume that the pet is abandoned and you are hereby authorized to place the pet as deemed necessary. I understand this does not release me from any incurred charges.

Signature\_\_\_\_\_

Date\_\_\_\_\_

DAYCARE HOURS: MONDAY-FRIDAY 7AM-7PM



Dear Doggie Daycare Families,

In order to better serve you, we wanted to try something a little new. We are asking that you please let us know on what days you are planning to regularly bring your dog to daycare. This way we can arrange the reservation on the days you requested. Filling this out does not guarantee your reservation, and you can always make appropriate changes as needed. Also, please keep in mind that during holiday times, daycare days and reservations may change, but we will contact you know in advance so that you can make other arrangements. We value your business and are striving to make everything run more smoothly.

Please put an X next to the days you plan on having your pet regularly attend daycare and return this back to us, as soon as you can. If we find that we do not have the space available to meet all of your request, we will contact you.

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

Client's Name: \_\_\_\_\_

Monday [ ]

Tuesday [ ]

Wednesday [ ]

Thursday [ ]

Friday [ ]

Thank you,  
Suzanne Armstrong  
Lead Kennel Supervisor

Stream Valley Veterinary Hospital  
42902 Waxpool Road, Ashburn, Va 20148  
703.723.1017  
[www.streamvalleyvet.com](http://www.streamvalleyvet.com)  
[facebook.com/StreamValleyVet](https://facebook.com/StreamValleyVet)