



Dog Doc Corp., PC t/a Academy Animal Care
3372 Pruden Blvd, Suffolk, VA 23434
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AcademyAnimalCare.com

BOARDING FORM

Pet Name: _____ Owner Name: _____

Check In Date: _____ Check Out Date: _____ Weight: _____

Belongings left: Blanket Collar Leash Toys Other: _____

Food: Own Food Brand/Type: _____ AAC Provided Food: _____

Feeding Instructions: _____

Medication(s) or supplement(s): NO YES, please list with instructions: _____

Bath prescheduled: NO YES, please list date: _____ Brushing (\$25 per 15 mins)

Does veterinarian need to examine your pet for any reason during their stay? NO YES, please state why: _____

SERVICES DUE TO STAY FOR BOARDING

Feline: Exam Rabies Distemper Fecal

Canine: Exam Rabies Distemper Bordetella Influenza Fecal

Would you like to receive text message updates on how your pet is doing? (Carrier message rates may apply)

NO YES, please list mobile number: _____

• **BOARDING FEES** (charges are per night): Cat Boarding Dog Boarding Boarding with Meds Medical Boarding

I understand that any problems that develop with my pet will be treated as deemed best by Dog Doc Corp., P.C., t/a Academy Animal Care, Dr. Glenn Chase (the "Practice"), and its veterinarians and staff. I assume full responsibility for the treatment expense involved. I am aware that the practice of veterinary medicine is not an exact science. I acknowledge that no guarantees have been made as to the results of arranged or performed treatments. All services that I have requested have been explained. I understand that my pet must be up to date on vaccines. If vaccines cannot be verified, I understand that these vaccines will be given to my pet while boarding. If the length of my pets' nails poses a safety issue while boarding, they will be trimmed and I will be charged. I acknowledge that if I pick my pet up after 3 pm on the last day of boarding I will be charged for a full day of boarding for that day. The Practice and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. The Practice will take reasonable precautions to prevent the injury and escape of this pet. In the event that any bill incurred is referred to an attorney or other party for collections, I agree to pay the cost of collections, including but not limited to an attorney's fee of 33 1/3% of the balance owing at the time of referral.

Owner Signature: _____ Date: _____ Phone: _____

LOCAL Emergency Contact: _____ Phone: _____