



**BOARDING EXPRESS CHECK-IN FORM**

Today's Date \_\_\_\_\_

I am leaving my pet(s) \_\_\_\_\_ for boarding until \_\_\_\_\_.

If the staff has any questions or if an illness develops during the boarding period,  
I expect every effort to be made to reach me at: ( ) - ( ) - \_\_\_\_\_

In the event of an emergency and I cannot be reached:  
 I give my permission to treat     I do not give my permission to treat

**Medications and Special Needs**

Special diet required: Type \_\_\_\_\_ Amount to feed and frequency \_\_\_\_\_  
 Treats to feed: Type \_\_\_\_\_ Amount to feed and frequency \_\_\_\_\_

<u>Medications</u>	<u>Amount to Give</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Special Needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If needed, I would like the following additional services performed while my pet is here:  
(Please ask for prices)  
 Nail Trim     Anal Glands     Ear Cleaning     Bathing     Physical Examination, including dental exam  
 Fecal Examination for intestinal parasites

**Items dropped off with your pet:** (Since the boarding cages are cleaned at least twice a day (and often more than twice), the slight possibility exists that personal items may be misplaced at some point. (I expect the staff to do their best to return any personal items in good condition, but I understand this cannot be guaranteed.)

<b><u>Items to be returned at checkout:</u></b>	<b><u>Items not necessary to return at checkout:</u></b>
_____	_____
_____	_____

Cherrydale Veterinary Clinic requires that all boarding pets be current on vaccinations (unless there is a valid, documented medical reason why they are not). This policy is designed for the prevention of infectious diseases in my pet(s) and the other pets currently in the facility. I understand the importance of the vaccination policy for boarding animals and understand that if my pet(s) is/are not current on vaccinations per the policy, my pet(s) will be examined and if found to be healthy, will be vaccinated while they are boarding. (Please ask for vaccination prices.)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_



Virginia Medical Association  
Disclosure Form Proposal  
Cherrydale Disclosure Form

Cherrydale Veterinary Clinic would like to notify you of our hours of operation, which are as follows:

Monday – Friday	7:00 a.m. to 9:00 p.m.
Saturday	8:00 a.m. to 5:00 p.m.
Sunday	10:00 a.m. to 5:00 p.m.

Please note that except during the above noted hours of operation, continuous veterinary medical care is not available.

Please acknowledge your receipt and understanding of the foregoing by signing and dating this form on the line indicated below.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print Name \_\_\_\_\_