



**ABBHEY ANIMAL HOSPITAL**  
**757-471-1003**  
**Boarding Permission Form**

OFFICE USE ONLY  
Witness: \_\_\_\_\_

I authorize Abbey Animal and its staff to board and provide care for my pet \_\_\_\_\_, who will be boarding until \_\_\_\_\_. I am aware the boarding fee will be \_\_\_\_\_ per night. **CHECK OUT TIME IS 2PM.** A full day charge will be applied if picking up if after 2pm. If any problems develop with my pet and the staff of Abbey Animal Hospital is unable to contact me or another authorized person, my pet will be treated as deemed necessary by the Doctor on duty. I assume full responsibility for the treatment expense involved. If I neglect to pick up my pet within 5 days of written notice, Abbey Animal Hospital may assume that the animal has been abandoned. Abbey Animal Hospital will render the situation as we see fit. Abandonment however, does not release me of my obligation for payment of said bill. I also understand that I will be responsible for payment for everyday that my pet is at Abbey Animal Hospital.

Drop off times are Mondays, Wednesdays, Fridays from 8:00AM – 5:00PM, Tuesdays and Thursdays from 8:00AM – 6:00PM, and Saturday s 8:00AM- 12:00PM. We are closed on all major holidays. I understand that hours may change during the holidays and acknowledge that IT IS MY RESPONSIBILITY TO MAKE MYSELF AWARE of all changes. **I also understand that if my pet is dropped off after drop off time there will be a late fee.** X\_\_\_\_\_ (initials)

To prevent the spread of infectious diseases and parasites, **ALL OWNERS MUST PROVIDE PROOF OF ALL VACCINES AND BE FREE OF ALL INTERNAL & EXTERNAL PARASITES INCLUDING FLEAS. I AUTHORIZE THE DOCTOR TO UPDATE ANY REQUIRED VACCINES AND TESTS, IF I FAIL TO PROVIDE PROPER PROOF, AND PROVIDE PARASITE CONTROL AS NEEDED FOR MY PET AT MY EXPENSE.** X\_\_\_\_\_ (initials)

I acknowledge that my pet is:            ( ) NOT AGGRESSIVE to my knowledge            ( ) AGGRESSIVE & WILL BITE!!!

( ) SITUATION AGGRESSION (circle one):    Food/Water/Toy    Cage/Kennel    Other Animals

OTHER: \_\_\_\_\_

To avoid injury to the Doctor and our staff, I am aware that if my pet is found to be too aggressive to handle, my pet **may** be left in the kennel and not taken out for walks. Abbey Animal Hospital will do everything in its ability to provide sanitary standards and comfort to your pet during the duration that they are boarding.

**ABBHEY ANIMAL HOSPITAL IS NOT LIABLE FOR LOSS OR INJURY TO MY PET BY UNAVOIDABLE CAUSES. WE ARE NOT RESPONSIBLE FOR ANY ITEMS LEFT WITH BOARDED ANIMALS.** I understand that all precautions will be taken to ensure the safety and good health of my pet during its stay.

I authorize Abbey Animal Hospital to \_\_\_\_\_ X\_\_\_\_\_ (initials)

Is your pet on **ANY MEDICATION** that needs to be given during his/her stay: **YES / NO** (circle one) **LIST DETAILS ON 2<sup>ND</sup> PAGE.**

I **DO/ DO NOT** (circle one) want Abbey Animal Hospital to groom my animal before leaving the facility. I know that the groomer will call to let me know my pet is ready after 2pm. X\_\_\_\_\_ (initials)

I also give Abbey Animal Hospital permission to bathe my pet if needed. We want your pet to be as comfortable as possible. The bath will be an extra charge. X\_\_\_\_\_ (initials)

I **DO/ DO NOT** (circle one) want my pet to participate in doggie daycare. I understand that my pet must be spayed/neutered for this service and pass the aggressive screening to be eligible. X\_\_\_\_\_ (initials)

The Hospital will be staffed during normal business hours which are Monday, Wednesday, and Friday 7:30am to 6:00pm, Tuesday and Thursday 7:30am to 7:00pm and Saturday 8:00am to 1:00pm. The Hospital will not be staffed routinely all other hours, however, on Saturday, Sunday, & holidays, a staff member or the Doctor make frequent rounds to feed, walk, and medicate all animals.

I have read all the above and understand **PAYMENT IS DUE AT TIME SERVICE IS RENDERED.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
**(must be 18 years of age or older)**

Second Contact Number \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_ Phone \_\_\_\_\_

(BY LEAVING AN EMERGENCY CONTACT NAME AND NUMBER, I AM AUTHORIZING SAID PERSON TO MAKE DECISIONS ON MY BEHALF SHOULD I NOT BE ABLE TO BE REACHED AND UNDERSTAND I AM RESPONSIBLE FOR ANY FURTHER CHARGES INCURRED)

**\*\*PLEASE NOTE ANY ADDITIONAL INSTRUCTIONS ON INSTRUCTION PAGE\*\***



Abbey Animal Hospital  
1949 Lynnhaven Parkway  
Virginia Beach, VA 23453  
(757) 471-1003

OFFICE USE ONLY

Witness: \_\_\_\_\_

### GROOMING PERMISSION FORM

I authorize Abbey Animal Hospital to perform grooming services on my pet \_\_\_\_\_.

X \_\_\_\_\_ (initial) I understand that all precautions will be taken to ensure the safety of my pet during his/her stay at Abbey Animal Hospital. Prior to grooming, I **DO/ DO NOT** want an exam of my pet by an Abbey Animal Hospital doctor.

X \_\_\_\_\_ (initial) I understand that it is the pet owner's responsibility to inform Abbey Animal Hospital or the groomer if my pet has EVER bitten anyone, including another groomer.

X \_\_\_\_\_ (initial) Should my pet require (due to heavy matting) or I (the owner) request complete clip down, I understand there is always a slight risk of minor nicks when stripping entire coat. This is due to unseen warts, moles, or skin that can be pulled up into the mats. I further understand that when there is heavy matting moisture can be trapped near the skin allowing molds, fungus, or bacteria to flourish, resulting in a variety of skin irritations and conditions.

X \_\_\_\_\_ (initial) I understand that to ensure a flea-free environment, should any fleas be found on my pet, Abbey Animal Hospital will give a capstar. I understand additional costs may apply.

### **Grooming Instructions (Please Choose):**

\_\_\_\_\_ Bath, nails, ears, and anal glands (BNEA) ONLY

\_\_\_\_\_ Tidy Trim: Face, feet, and private area (includes BNEA)

\_\_\_\_\_ Full haircut (includes BNEA) please describe desired style:

Special Instructions: (IE: No cologne, special shampoo, etc): \_\_\_\_\_

Add-Ons (Optional): \_\_\_\_\_ Dashed \_\_\_\_\_ Dremel

Other Procedures being done today include: \_\_\_\_\_ X \_\_\_\_\_ (initial)

X \_\_\_\_\_ (initial) To prevent the spread of infectious disease and parasites, all animals staying in Abbey Animal Hospital **MUST BE CURRENT** on all vaccines. I have either provided current vaccination records or authorize Abbey Animal Hospital to update my pet's vaccines

X \_\_\_\_\_ (initial) For Pet's requiring sedation, I understand that all anesthesia involves some risk to my pet including (very rarely) death and unforeseen complications.

\_\_\_\_\_  
PHONE NUMBER

OR

\_\_\_\_\_  
2<sup>nd</sup> CONTACT #

\_\_\_\_\_  
SIGNATURE (must be 18 years of age or older)

\_\_\_\_\_  
DATE



**ADDITIONAL INSTRUCTIONS:**

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**SPECIAL FEEDING INSTRUCTIONS**

AMOUNT NORMALLY FED: \_\_\_\_\_ HOW OFTEN: \_\_\_\_\_

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**MEDICATIONS**

Number of medications left with pet: \_\_\_\_\_

1. \_\_\_\_\_ HOW OFTEN: once daily   twice daily   3 times daily   4 times daily

INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ HOW OFTEN: once daily   twice daily   3 times daily   4 times daily

INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ HOW OFTEN: once daily   twice daily   3 times daily   4 times daily

INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ALL BELONGINGS BEING LEFT WITH PET:**

Collar Color/Description: \_\_\_\_\_ Leash Color/Description: \_\_\_\_\_

Carrier/Kennel: \_\_\_\_\_ Harness Color/Description: \_\_\_\_\_

FOOD- Type: \_\_\_\_\_ Container held in: \_\_\_\_\_

(Please include detailed descriptions including color)

**OTHER:**

\_\_\_\_\_ Container held in: \_\_\_\_\_

*We do not have the equipment to properly clean oversized Blankets and/or Pet beds. If you bring these in with your pet and your pet soils them, we will have to return them to you as is.*

**OWNER SIGNATURE:** \_\_\_\_\_  
(must be 18 years of age or older)