

Falls Road Veterinary Hospital  
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**FALLS ROAD VETERINARY HOSPITAL BOARDING POLICIES AND REGISTRATION**

**OWNER/PATIENT INFORMATION**

Client Name:

Address:

Phone Number:

Email:

Patient Name:

Species:

Breed:

Age:

Sex:

**\*\*\*FALLS ROAD VETERINARY HOSPITAL DOES NOT PROVIDE 24 HOUR SUPERVISION\*\*\***

Falls Road Veterinary Hospital shall not be responsible for any illnesses, injury, or death experienced by my pet unless it is the direct result of gross negligence or willful misconduct by Falls Road Veterinary Hospital or its employees.

1. Should my pet become ill, or seem to need of medical attention, Falls Road Veterinary Hospital has the right to administer aid as appropriate, using any available Veterinarian. Any expenses incurred shall be paid by me and is in addition to the other fees as a result of boarding.
2. Daily boarding charges begin the date my pet is left with Falls Road Veterinary Hospital and shall be at the rate then in force. I agree to notify the hospital in advance if there is any change in the date my pet is to be picked up. No boarding pet will be released until all charges are paid in full. In the event my pet is not picked up or paid for 7 days from the scheduled day of pick up, I authorize Falls Road Veterinary Hospital to take any action it desires to place or otherwise rid itself of my pet. I shall be responsible for the complete boarding bill as well as all other charges incurred in the care, maintenance and relocation of my pet, should such become necessary.
3. I agree to pay for reasonable attorney's fees incurred by Falls Road Veterinary Hospital in the collection of any boarding, grooming, or other charges incurred by me or my agent.
4. We reserve the right to refuse the boarding of a sick pet.
5. We regret that we are unable to assume responsibility for personal articles that accompany your pet (blankets, leashes, toys, etc). Please reconsider taking personal belongings with you when leaving the facility. Falls Road Veterinary Hospital can NOT be held responsible for lost or misplaced personal belongings.

Boarding \_\_\_\_\_ to \_\_\_\_\_

While my pet is boarding, I can be reached at this phone number: \_\_\_\_\_ and/or

Email: \_\_\_\_\_

In case of emergency, the person listed below is authorized to make decisions on my behalf:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ \*Please advise your emergency contact that they are responsible for making medical decisions for your pet if we cannot reach you.

**Feeding:** What do you feed your pet?

How much do you feed your pet?

How often do you feed your pet? AM \_\_\_\_\_ NOON \_\_\_\_\_ PM \_\_\_\_\_

When was the last meal given to your pet?

Does your pet have any dietary restrictions? NO \_\_\_\_\_ YES \_\_\_\_\_ - Explain:

Does your pet have any allergies? NO \_\_\_\_\_ YES \_\_\_\_\_ - Explain:

**\*\*\*If food is not provided for your pet, we will feed Hill's Prescription Diet I/D Dry\*\*\***

**Medical:** Is your pet on any medication? NO \_\_\_\_\_ YES \_\_\_\_\_ Medication Administration Fee: \$3.00 per administration time. All medications must be in original packaging. Medication information must be provided upon check in. If yes, list medications below (Name of medication, strength, dosage and last time medication was given):

**Interactive Playtime Permission: \*\*\*DOGS ONLY\*\*\***

I hereby give Falls Road Veterinary Hospital my permission to allow my dog to interact with other boarding dogs when the kennel staff believes such interaction will be safe and beneficial for my pets emotional and physical well-being. I will not hold Falls Road Veterinary Hospital liable for any injury that may result from this interaction. There will be no extra charge added on to the daily boarding fee for this interaction. **\*\*\*IF YOUR PET IS NOT SPAYED OR NEUTERED, THEY WILL NOT BE ABLE TO PARTICIPATE IN INTERACTIVE PLAYTIME WITH OTHER DOGS.\*\*\***

Is your pet spayed/neutered? YES \_\_\_\_\_ NO \_\_\_\_\_

Permission to allow interactive playtime: YES \_\_\_\_\_ NO \_\_\_\_\_ If your pet will not be participating in interactive playtime, choose one of the following:

Staff play \_\_\_\_\_ Leash walk \_\_\_\_\_ Family play \_\_\_\_\_

**Other Instructions: ALL DOGS MUST BE CURRENT ON RABIES, DISTEMPER, BORDETELLA, CANINE INFLUENZA (H3N8 AND H3N2) AND FECAL. ALL CATS MUST BE CURRENT ON RABIES, DISTEMPER AND FECAL.**  
Are there any services that need to be done while your pet is boarding with us?

**EMERGENCY INSTRUCTIONS:** In case of illness or injury YOU MUST PICK ONE AND INITIAL YOUR CHOICE  
\_\_\_\_ Perform any diagnostics or treatments deemed necessary by the Doctor BEFORE contacting me.  
\_\_\_\_ DO NOT perform any diagnostics or treatments without contacting me.  
Should Falls Road Veterinary Hospital be unable to contact me, I give full permission for them to administer veterinary care deemed necessary.

Is your pet an early pick up (before 9AM): NO \_\_\_\_\_ YES \_\_\_\_\_

Would you like your pet to have a bath? NO \_\_\_\_\_ YES \_\_\_\_\_ **\*\*\*Only eligible for free bath if boarding for 4 days or more. If pick up is scheduled for Monday morning, the bath is forfeited\*\*\***

Is your pet getting groomed while boarding? NO \_\_\_\_\_ YES \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_