

Breton Veterinary Hospital  
22646 Cedar Lane Court  
Leonardtown, MD 20650  
301-475-7808

**BOARDING ADMISSION FORM**

Owner \_\_\_\_\_ Pet \_\_\_\_\_ Date \_\_\_\_\_

For your pet's protection, all animals admitted to our facility **MUST** be current on the below vaccinations (given by a veterinarian) and free of external and internal parasites. If not, they will be treated at the owner's expense.

**Dogs:**

- Rabies
- Distemper (DHPP)
- Bordetella...within 6 months  
(if **first time** vaccination or **overdue**  
patient must go in isolation for  
an additional cost)
- Fecal...within 6 months
- Canine Influenza (CIV)

**Cats:**

- Rabies
- FVRCP
- FELV (if not vaccinated against feline leukemia the cat must be  
tested, at owner's expense, and be negative for this  
disease...if the cat is positive, may stay in isolation, at  
an additional cost)
- Fecal...within 12 months

Please indicate any services you would like provided while your pet boards with us.

- bath...pickup after 3 p.m
- grooming
- nail trim
- express anal glands
- ear cleaning
- dental cleaning and polishing
- annual exam & vaccinations
- other \_\_\_\_\_

A courtesy examination will be given to your pet by one of our veterinary assistants upon admission. Our doctor will be alerted to any problems found. If problems are found that do not require immediate attention

- I give the doctor(s) permission to examine my pet and treat the problem(s).
- I would like to schedule an appointment with the doctor upon my return

**ANY PETS FOUND TO HAVE FLEAS UPON ADMISSION WILL BE TREATED IMMEDIATELY AT THE OWNERS EXPENSE.**

- I authorize Breton Veterinary Hospital to provide medical care up to \$\_\_\_\_\_ should my pet become ill while boarding

**OWNER RELEASE**

You are to use reasonable precaution against the injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops, with my pet while I am absent, will be treated as deemed best by the staff veterinarians and I will assume full responsibility for the treatment expense involved. I fully understand that my pet must be current on all vaccinations for the safety of not only my pet, but for the safety of the other animals in the hospital.

I understand that I am welcome to leave my pet's personal belongings; however, Breton Veterinary Hospital cannot assume responsibility for items lost or damaged. I also understand that if I fail to pick up my pet(s) within 5 days of the discharge date, my pet(s) will be considered to be abandoned and will be handled in accordance with Maryland State Law. This does not relieve me of my financial obligation.

Date \_\_\_\_\_ Owner's signature \_\_\_\_\_

Emergency Contact / Phone Number \_\_\_\_\_