



**ABBEY ANIMAL HOSPITAL**  
**757-471-1003**  
**Exotic 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, **PETS MUST BE FREE OF ALL INTERNAL & EXTERNAL PARASITES INCLUDING FLEAS. I UNDERSTAND THAT I WILL BE CHARGED A PEST CONTROL FEE, IF NEEDED AT MY EXPENSE.** X\_\_\_\_\_ (initials)

I understand that because my pet is an exotic animal I am required to provide all necessary supplies needed during my pet’s stay. This includes caging, food, substrate, and anything else necessary to care for my pet during their stay. 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. 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.

**ABBEY 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 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)

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.

**Prepayment is required for pets boarding with us for more than 7 days. If your pets boarding is extended prepayment is required when you call to extend and for the amount of days extended. If you pick up the pet early your credit card will be refunded.**

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  
757-471-1003  
Boarding Permission Form

**ADDITIONAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL FEEDING INSTRUCTIONS**

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

\_\_\_\_\_

**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:** \_\_\_\_\_  
\_\_\_\_\_

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

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

(Please include detailed descriptions including color)

**OTHER:**

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