


Vidalia Veterinary Clinic
303 West First Street
Vidalia, GA 30474
(912)537-1069

VVC Vidalia Vet. Cli 303 West First St Vidalia, GA 30474 Acc. No: 2556 Phone: (912) 537-1113	Patient: Maui Species: FELINE Breed: Domestic Shorthair Color: Black Provider: Dr. Sheryl Sheppard, DVM	Age: 14 yr Sex: MN Tag: 21963 Weight: 9.50 lb Microchip:	
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Our Pet Boarding Policy

Pick-up and drop-off Hours are Monday-Friday from 7:45 am – 5:00 pm.
Pets picked up after 5:00 pm will incur a boarding fee for the day.
We are closed Saturday, Sunday, and Holidays observed by the clinic.
Boarding fees are \$20-25 per night

We at Vidalia Veterinary Clinic pride ourselves with *providing the best care for the heartbeat at your feet.* We have established the following guidelines to ensure a healthy and happy environment for your pet(s) while they stay with us:

You must provide proof of vaccination from a veterinarian if your records are not already on file.

VACCINE REQUIREMENTS FOR DOGS

1. Rabies: every 12 months
2. DHPPV: every 12 months
3. Bordetella: every 6 months
4. Influenza: every 12 months

VACCINE REQUIREMENTS FOR CATS

1. Rabies: every 12 months
2. FVRCP/FELV: every 12 months

-Any pet(s) found to have fleas or ticks will be treated to prevent the spread to other pets (\$10-30).

-All pet(s) are provided with clean bedding, fresh water, food, and exercise multiple times daily. We are not responsible for any lost or damaged items. Please write daily feeding times used at home if desired.

My pet will be boarding from _____ - _____.

My pet can be destructive at times (tearing up blankets, towels, toys, etc.). YES NO

List all items brought with today- Please provide details

: _____

-Please bring all medications or supplements your pet(s) may need while in our care. Should your pet run out of a medication there will be additional charges for refills and/or exams and treatments necessary to fill the prescription.

List medications, dose, and time to give daily

: _____

-We will feed Purina Pro Plan dog and cat food to any pet(s) that are not provided with special diets. Pets with dietary restrictions must be left with the correct food in a clearly labeled container.

List diet provided - If you did not bring food for your pet please list "none"

: _____

- If my pet(s) are not eating, I wish for my pet(s) to be given canned chicken, canned food, or an appetite stimulant as deemed appropriate by the veterinarian and accept additional charges. YES NO

- If my pet(s) are not eating, I wish to be contacted before any special diets or medications are given. YES NO

-If you request your pet(s) be examined or if he/she becomes ill while boarding with us; Dr. Sheppard will examine your pet(s) and administer treatment as necessary. We will contact you regarding any issues, concerns, or treatments. However, if we are unable to reach you, we will treat your pet to ensure they are not suffering.

I want my pet examined for (any issues or concerns)

: _____

-Any pet(s) found to require additional or special handling (Aggressive or otherwise completely uncooperative) will incur additional charges.

I would like for my pet to have a bubble bath the morning of departure (\$20-45)? YES NO

What time/time frame can we expect you to be here day of pick up?

: _____

I, the owner (duly authorized agent for the owner) do hereby acknowledge that I have been shown and understand everything discussed here and agree to pay at the time of check-out for any and all charges incurred. I have also received a copy of this document for my own records.

Signature

Date

I can be reached at the following (#2) numbers during my pet's stay:
