
BOARDING AGREEMENT

**5 PAWS RESORT
SCHUYLER MALACHI, DVM**

6801 Wilson Blvd.
Falls Church, VA 22044
Telephone: (703) 534-1156

Owner's Name _____ Date _____

Address _____

City/State _____ Zip _____

In Emergency Contact _____ Phone _____

Animal's Name (s) _____

Species _____ Breed (s) _____ Color (s) _____

Age (s) _____ Sex (es) _____ Weight (s) _____

Special Diet (food) _____

Any Preexisting conditions? _____ If yes, what are they? _____

Any medications required? _____ If yes, what are they? _____

Dosages for medications (how often are they given) _____

Hospital where records may be obtained if needed _____

Play Day YES NO How often? ED Every Other Day or How many _____ x's

****If requesting a bath or groom on the day you are picking up, then pick up time will be after 5pm. If you need to pickup earlier, please schedule the bath or groom for the day before.****

Bath YES NO When? _____

Groom (haircut) YES NO When? _____

Pick up Date/Time _____

Special Instructions _____

Reasonable precaution will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. In the event that a lawyer has to be retained for the purpose of collection for my pet's boarding fees, I will be responsible for all payment including those charges related to boarding and the fees accessed by a lawyer.

Owner or Responsible Party