SUPERVISED BOARDING REGISTRATION FORM

Client's Name: _______________              Pet's Name: _______________

Drop-Off Date/Time: _______________         Pick-Up Date/Time: _______________

Please list any major medical conditions: ___________________________________________

Part I – FEEDING AND SERVICES NEEDED

<table>
<thead>
<tr>
<th>Food</th>
<th>Type</th>
<th>Quantity</th>
<th>Times per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home / Kennel</td>
<td>Wet / Dry / Combination</td>
<td>__________</td>
<td>1 / 2 / 3</td>
</tr>
</tbody>
</table>

If you did not supply food, we will serve a dry Healthy Advantage diet

My pet is on medication? YES ☐ NO ☐

*(If yes, please see attached form)*

Has your pet eaten today? YES ☐ NO ☐

Items left with my pet: **Although we do our best to ensure that your pet goes home with their belongings, we are not responsible for lost or damaged items***

_____________________      ____________________         _______________________

Clean-up bath before pick-up? YES ☐ NO ☐

Already has a grooming appointment scheduled? YES ☐ NO ☐

**If yes, your pets pick-up time will need to be after 2:00pm to allow time for drying***

Does your pet need an exam or other services while boarding?

YES ☐ *(Please see attached form)* NO ☐

Part II – EMERGENCY INFORMATION

Please provide the best numbers to reach in the event of an emergency:

Primary Number : _______________

Secondary Emergency Number: _______________

I, HEREBY, give the Northern Virginia Veterinary Associates, permission to administer medical or surgical treatment as needed until owner can be notified. I also give permission to give vaccines and treat for parasites as needed. Animals infested with fleas or those that are unusually dirty will be bathed. I understand that these services will be charged and must be paid at pets release.

Signature: ________________________________       Date: ______________