

MAPLE LANE VETERINARY CLINIC
54 FADLEY RD
WEYERS CAVE, VA 24486
(540) 234-8003

DAY BOARDING POLICY:

1. CATS need to have current veterinarian administered Upper Respiratory Virus, Rabies, and Feline Leukemia vaccinations. This includes a negative Feline Leukemia Test and current negative fecal exam or recent deworming.
2. DOGS need to have a current veterinarian administered Rabies, DHLPP, and Bordetella vaccinations. This includes a negative Heartworm test and current negative fecal exam.
3. **If your pet is on any medications please bring these along. If they are on any special diet please bring this as well.** If you have a puppy or kitten we recommend that you bring the food to which they are accustomed to.
4. Pets can be *dropped off* during weekdays when the office opens at 7:30am. They **MUST** be picked up by 5:30pm or they will have to board the night with us. **Additional charges and services will be applied if they are not picked up by closing.**
5. Please leave a number where you can be reached in case of an emergency.
6. **All accounts must be paid in full when you pick up your pet.**

Day Boarding Rates

| | |
|--------------------------|---------|
| Cats----- | \$14.00 |
| Dogs (Small 0-25#) ----- | \$15.00 |
| (Medium 26-50#)----- | \$16.00 |
| (Large 51-100#)----- | \$18.00 |
| (X-Large >100#)----- | \$19.00 |

8. **We are not responsible for any lost or damaged articles that are left with your pet.**
9. I authorize the treatment of my animal, if any medical emergency should arise while said animal is boarding, to Maple Lane Veterinary Clinic, P. C. . I understand that I am responsible for any and all charges incurred from such treatment.
10. All animals must be picked up within three (3) days of the specified release date. A written notice will be mailed to the address we have on file. Five (5) days after such written notice, the animal will be considered abandoned and may be handled in any way the clinic deems appropriate. It is understood that abandonment does not relieve you, the owner, from responsibility of payment for services rendered.
11. I agree that in the case of nonpayment, a fee of 1.5% per month (18% per annum) will be charged. All collection and attorney fees necessary to collect this debt will be borne by me, the owner.
12. **The following signature serves for this and all subsequent visits.**
13. I have read, understand, and agree to the above listed policies.

**** Prices are subject to change without notice. ****

Client Signature

Date

Emergency Phone Number