



Regular Office Hours
 Monday - Friday: 8:00am - 5:30pm
 Saturday 8:00am - 12:00pm
 6405 N. Croatan Hwy. • Kitty Hawk, NC 27949
 Phone: 252-261-2250 • Fax: 252-261-7387
 www.MartinsPointVetHosp.com • mpvhobx@live.com

B O A R D I N G A G R E E M E N T

Owner:	Drop Off Date: _____ AM/PM
Address:	Pick Up Date: _____ AM/PM
	Emergency Phone: _____
	Local Phone: _____

Local Accommodations: _____

Pet(s) Name: _____ Dog Cat Other:

Male Female Spayed/Neutered **Age:** _____ **Weight:** _____

Pet Description: _____ **Breed:** _____

While boarding, my pet(s) have permission to socialize with other boarders in our play yard. Yes No

Prior Medical Conditions Allergies/Recent Surgeries: 	Medications/Supplements with Dispensing Instructions:
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PLEASE PROVIDE THE ADDITIONAL SERVICES MARKED FOR MY PET: (Charges May Apply)
 Deluxe Bath Nail Trim Anal Gland Expression Ear Cleaning
 Other procedures to be done while here: _____

I, the undersigned, acting as owner/agent for the above animal(s), understand and will adhere to the following:

- Should any pet become ill or need medical attention, Martin's Point Veterinary Hospital reserves the right to administer aid and to render care by our Veterinarian once reasonable attempts have been made to contact you at the numbers listed above. Any expenses incurred, shall be paid promptly by the owner.
- All animals must comply with Martin's Point Veterinary Hospital's vaccine requirements. Proof of vaccines with the date administered clearly identified is required upon check-in. For the safety of our staff and boarded animals, THERE CAN BE NO EXCEPTIONS TO THIS POLICY. If any of these vaccinations are not certifiably current, we will vaccinate upon arrival.
- All pets must be flea and tick free. If parasites are found Martin's Point Veterinary Hospital will treat the pet at owner's expense.
- Any pet checked-out before Noon (Between 9am-10am on Sundays) will not be charged for that days board.
- **Weekend Pick-up hours are: Saturday 8am - Noon and 5pm - 6pm
Sunday 9am - 10am and 5pm - 6pm**
- Please be advised that Martin's Point Veterinary Hospital is not responsible for personal items left with your pet.
- I understand that all fees are payable upon discharge of pet.

Signature _____ **Date** _____

For Office Use Only: Rabies _____ Distemper Combo _____ Bordetella _____ Fecal _____