

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

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.
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.** If you have a puppy or kitten we recommend that you bring the food to which they are accustomed along.
4. Pets can be *dropped off* during regular business hours: Mon-Fri 7:30am-5:00pm, Sat 8:00am-11:30am. They may be *picked up after 10:00am*. Mon-Fri and Sat **9:00-11:30am**. **We recommend calling to be sure they are dry and ready to go.**
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.

**7. All pets are required to be bathed before being discharged.**

	<u>Rate (per night)</u>	<u>Bath Prices</u>
Cats-----	\$12.00-----	\$20.00-----
Dogs (Small 0-25#)-----	\$13.00-----	\$20.00-----
(Medium 26-50#)-----	\$14.00-----	\$25.00-----
(Large 51-100#)-----	\$16.00-----	\$25.00-----
(X-Large >100#)-----	\$17.00-----	\$35.00-----

**\*\*There is an additional charge of \$2.00 per night to administer medications.\*\***

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. The following signature serves for this and all subsequence visits.
11. I have read, understand, and agree to the above listed policies.

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

\_\_\_\_\_  
 Client signature and Date

\_\_\_\_\_  
 Emergency Phone Number