

Dr. Joy Watkins
Dr. Catherine Adams
Dr. Sarah Holladay
Dr. Lacey Knapp



1064 Centerville Road
Bedford, VA 24523
(540) 586-0372

Boarding Information Form

Owner's name: _____

Pet(s) Name(s): _____

Emergency phone number(s): _____

Board through these dates: **IN** _____ **OUT** _____

What accessories did you bring with your pet(s)?

Own food? What kind? _____

How much and how often? _____

Medications? Dosage? _____

Was it given today? **YES** **NO**

Does your pet need vaccinations while here? **YES** **NO**

Which vaccines? _____

Would you like your pet treated with Frontline while here? **YES** **NO**

Would you like a FREE BATH? (Must stay at least 3 nights) **YES** **NO**

I authorize Bedford Animal Hospital, LLC to provide any appropriate care should an unexpected illness or complication arise. ***I am aware that this facility does not have in-house continuous staffing.*** Our hours are as follows:

Monday 9am to 8pm

Tuesday-Friday 9am to 6pm

Saturday 9am to 12pm

Sunday 8:30a-9a; 6p-6:30p

Signature of owner or responsible party: _____