



## BLUE RIDGE ANIMAL CLINIC

133 Maury River Road, Lexington, VA 24450  
blueridgeanimalclinic.com 540-463-7799 bracfrontdesk@gmail.com



Allen E. Strecker, DVM | Ashley F. Spencer, DVM | Shawn Alec Tester, DVM  
Lindsey L. Fenster, DVM | Keagan N. Clevenger, DVM | Robert C. Murdock, DVM | Kathy Y. Eichelberger, DVM

### *PET BOARDING FORM*

Name of Pet Boarding: \_\_\_\_\_

We provide food as well as bedding for your pet while they are in our care. However, if your pet has a special diet or bedding that you wish them to have please indicate it below.

- ☐ No, I did not bring any food, treats, or bedding for my pet.
- ☐ Yes, I brought food, treats, and/or bedding for my pet(s). If yes, please list below:

Food and Feeding instructions:

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Description of any other items brought for your pet: (example: red fleece blanket)

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If your pet takes medications or supplements, our veterinary team will administer the medications while your pet is boarding.

- ☐ No, my pet does not require any medications while boarding
- ☐ Yes, my pet NEEDS medications while boarding. If yes, please list them below:

Medications and Directions for administration:

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### *VETERINARY PRACTICE DISCLOSURE*

Blue Ridge Animal Clinic is a mixed-animal veterinary practice staffed by six veterinarians, four licensed veterinary technicians, and four veterinary assistants all of whom are committed to providing quality care for your pets and large animals. Our medical staff is on duty during the regular business hours of Monday through Friday from 7:30 AM to 6:00 PM and on Saturday between the hours of 8:00 AM and 12:00 PM. The clinic is closed from 6:00 PM through 8:00 AM weeknights, and after noon on Saturdays, on Sundays, and major holidays. During our closed hours, there is no continuous in-house medical staff on duty. However, a doctor and technician will check the patients periodically or provide intensive care depending on the seriousness of the medical problem.

I have read and understand the above information:

Date: \_\_\_\_\_

Owner (Printed): \_\_\_\_\_

Owner (Signature): \_\_\_\_\_



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### *VETERINARY MEDICAL RELEASE*

I authorize the Blue Ridge Animal Clinic to administer treatments, medication, or surgery for my animal(s) in accordance with standard veterinary medical procedure. The Blue Ridge Animal Clinic cannot be held liable for complications resulting from the administration of medications, anesthesia, or surgery when performed in a professionally acceptable manner. Additionally, the Blue Ridge Animal Clinic has the right to perform emergency treatments or surgery if the owner(s) cannot be contacted at the telephone number(s) listed below.

I have read and understand the above information:

Date: \_\_\_\_\_

Owner (Printed): \_\_\_\_\_

Owner (Signature): \_\_\_\_\_

Please list phone numbers where you may be reached while we have your pet:

\_\_\_\_\_ *Circle one: Cellular/ Home/Work /Other:* \_\_\_\_\_

\_\_\_\_\_ *Circle one: Cellular/ Home/Work /Other:* \_\_\_\_\_

\_\_\_\_\_ *Circle one: Cellular/ Home/Work /Other:* \_\_\_\_\_

\_\_\_\_\_ *Circle one: Cellular/ Home/Work /Other:* \_\_\_\_\_