

BOARDING AGREEMENT

Name of Boarding Pet(s): _____

Owner: _____

Beginning Boarding Date: _____ Time of Drop-off: _____

Date of Pick-up Date: _____ Time of Pick-up: _____

*Discharge of all pets boarding is from hours 10:00 AM until one half hour before closing to allow time for your pet(s) to dry from its bath. **Any pet discharged after 1:00 PM will be charged for the stay of that day.***

Person to contact in case of emergency _____

Emergency telephone numbers: _____ Cell: _____

SPECIAL INSTRUCTIONS- Please indicate any additional service you request:

* Vaccinations _____

* Intestinal/ Blood Parasite Examination _____

* Bath _____ (HBAH does provide a clean up bath at no charge for all pets that board for more than 2 nights. Any pet receiving a bath must be picked up after 10:00 AM)

* Nail Trim _____ * Express Anal Sacs _____ Dematting _____

Our hospital staff will give medications and/or special foods that are provided by the owner. There will be a charge for this service

Is your pet on a special diet (Must Supply)? Do you have specific feeding instructions?

If your pet is on medication, please list the name and dosage and indicate when last given

Is there anything else that you would like the doctor to specifically address while pet is here?

VACCINATION POLICY:

To insure the protection of all pets under Holcomb Bridge Animal Hospital's care, the following immunizations must be up to date:

DOGS: RABIES _____ DHLPPC _____ BORDETELLA _____ H3N8 _____ INTESTINAL PARASITE EXAM _____

CATS: RABIES _____ FVRCP _____ FELV _____ INTESTINAL PARASITE EXAM _____

If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccinations in accordance to above policy.

*** In addition a one-time Ecto-Parasite Treatment will be charged for services performed at admissions of the boarding animal.**

MEDICAL ILLNESS POLICY:

One of the advantages of boarding your pet(s) at Holcomb Bridge Animal Hospital is that veterinary attention is readily available should the need arise. If your pet(s) become ill, we perform whatever services the doctor deems necessary for the best care of your pet(s) until someone can be reached. This includes only necessary treatments and diagnostics.

I have read and understand this agreement and accept all responsibility for all charges incurred while boarding. Furthermore, I agree to pay for all charges that are incurred and I understand full payment is required at discharge. I fully intend to pick-up my pet(s) on the above-specified date. If circumstances change, I will notify

the veterinarian or staff of new pick-up date.

Signature of Responsible Party: _____