

Owner's Name _____ Date _____

Resort For Pets Boarding Policies

Flea & Tick Policy

To assure the protection of all pets under our care, every boarder will be checked for fleas and ticks upon arrival. I give permission for my pet to be treated for fleas and/or ticks if found. _____ (initial)

Vaccination Policy / Intestinal Parasite Policy

Again, to assure the protection of all pets under our care, the following vaccinations and parasite testing must be up-to-date.

Dogs - Rabies, DA2P-PV, Bordetella (given every 6 months), and a negative fecal test within the last year.
All Cats – Rabies and FVRCP. Cats with any outdoor exposure are required to be current on FeLV.

If not up-to-date or unable to provide proof of vaccination and/or required labwork at the time of drop off, I give permission to update my pet to meet the required policies. _____ (Initial)

Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency number(s) listed on the Boarding Agreement regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

_____ (Initial) Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached.

OR

_____ (Initial) Do not administer any medical treatment until specific authorization is given.

If your pet becomes ill while staying with us we will remove them from general population and they will be cared for in the hospital. Veterinarian instructions will be given to staff members for the care of pets placed in the hospital.

Other Policies

Even with the advancements in vaccines and preventive medicine, we cannot guarantee complete coverage of all acquired or transmissible disease. If you have any questions about the medical risks involved with boarding your pet, please ask to speak with a veterinarian. I have read and understand this agreement. I fully intend to pick up my pet(s) on the specified date. If circumstances change, I will notify the veterinarian or a staff member of a new pick-up-date. _____ (Initial)

All payment is due at the time of pick-up. If picking-up on Sunday, I agree to leave payment on file with Boat Club Road Animal Hospital and understand that the payment will be processed the Monday following pick-up. _____ (Initial)

Signature of Owner/Responsible party _____ Date _____

Admitted by Staff member _____

Revised September 2009