



# HIGHLAND POINTE

— ANIMAL HOSPITAL —

## Boarding Policies – New Boarder

- We do not board for the general public - just our clients. Consequently, your pets and our staff will get to know each other and be comfortable together.
- New clients are welcome with proper records, current vaccination evidence, negative fecal test results dated no more than one year prior to the date of the boarding and a first-time wellness exam for the pet being boarded by the doctor. This exam is a complete physical. It also checks for fleas, ticks, and both internal and external parasites. The purpose of the examination and the vaccination/fecal records verification is to maintain a healthy environment for all pets and staff at our hospital. We do charge for this examination, any necessary parasite testing and parasite preventative and/or curative, as well as any necessary vaccines.
- Pets are walked *individually* 4 times per day - including weekends.
- Medication Fee - Medications that need to be administered to your pet are a per-day charge. Fewer than three different prescriptions given is one price and three or more different prescriptions administered is a slightly greater price.
- Clients are welcome to bring their own food. If clients do not bring specific food for the pet, we feed a diet specifically formulated to minimize any gastrointestinal upset. If your pet eats special food or a prescription diet, we recommend that you bring it or you may purchase food here.
- Pick up and drop off times for your pet are during normal business hours.
- **\*\*\*BOARDING IS CHARGED BY THE DAY. THE DAILY CHARGES BEGIN ON THE DAY OF DROP-OFF, REGARDLESS OF THE TIME OF DROP-OFF. ON THE PICK-UP DAY, THE DAILY CHARGE DOES NOT APPLY IF THE PET IS PICKED UP BEFORE 2PM. THE DAILY CHARGE DOES APPLY IF THE PET IS PICKED UP AFTER 2PM\*\*\***

DATE TODAY: \_\_\_\_\_ DATE OF PICKUP: \_\_\_\_\_ \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

OWNER: \_\_\_\_\_

Bath\*

Medications\*

YES

NO

YES

NO

PETS

BOARDING: \_\_\_\_\_

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**\*EXTRA CHARGE**

EMERGENCY CONTACT (NAME & PHONE): \_\_\_\_\_

Diet and amount: \_\_\_\_\_ Treats: \_\_\_\_\_ Last fed: \_\_\_\_\_

Meds: \_\_\_\_\_ Dosage: \_\_\_\_\_ Last given: \_\_\_\_\_

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Special Instructions/Belongings: \_\_\_\_\_

If I cannot pick up my pet on the above date or if someone else will be picking up my pet, I will notify the hospital of the change. Without your prior instructions, we will not release your pet to someone other than the owner. Please indicate here the name of the non-owner picking up your pet: \_\_\_\_\_

**OUR VACCINATION/EXAM POLICY:** To ensure the protection of all pets under our care and our employees, the following vaccinations must be up to date annually according to our medical records:

<b>DOGS:</b> RABIES	<b>CATS:</b> RABIES
DAPP (DISTEMPER, PARVO)	FVRCP (DISTEMPER)
BORDETELLA (KENNEL COUGH) – every 6 months	

A Doctor must have examined your pet(s) being boarded at least annually and your pet(s) must have been tested annually for internal parasites. I give my permission for my pet's vaccinations/examination/parasite testing to be updated as shown above, if needed.

**MEDICAL ILLNESS POLICY:** One of the advantages of boarding your pets at a veterinary hospital is that veterinary attention is available should the need arise. If one of your pets becomes ill, we will care for your pet in the manner you have indicated below. This includes only non-elective treatments and diagnostics. Please indicate your wishes should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition:

- Please perform whatever services the doctor deems necessary for the best care of my pet, which may result in charges in addition to amounts shown on any estimate given. **OR**
- I authorize up to \$225.00 in medical care for my pet, which may result in charges in addition to amounts shown on any estimate given. (For example, this amount will usually cover mild cases of vomiting or diarrhea.)

\*\*\*Please note: If one of our veterinarians feels that sedation is necessary to calm your pet in order to prevent injury and/or address significant anxiety, please be assured that we will provide necessary treatment at your expense.

**ALL PETS FOUND TO HAVE FLEAS, TICKS OR WORMS ON ADMISSION WILL BE TREATED AT OWNER EXPENSE.** Charges for all the foregoing will be at the hospital's standard rates, and I agree to pay them when requested.

Owner or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

**Our hospital loves meeting and helping pets! We celebrate this by sometimes posting photos of our patients when they come to see us on our social media accounts. Please initial whether you approve or do not approve of Highland Pointe Animal Hospital taking photos of your pet(s) for this purpose.**

\_\_\_\_\_ I approve!                      \_\_\_\_\_ I do not approve