



# HIGHLAND POINTE

— ANIMAL HOSPITAL —

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

\*\*\*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\*\*\*

OWNER:	BATH*		MEDICATION*		*EXTRA CHARGE
	YES	NO	YES	NO	
_____	_____	_____	_____	_____	_____
PET(S):					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

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

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

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

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

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 hospital loves seeing our patients! We celebrate this by sometimes posting photos of our patients when they come to see us on our website and/or Facebook page. 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

**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:

**DOGS:** RABIES  
DAPP (DISTEMPER, PARVO)  
BORDETELLA (KENNEL COUGH) – every 6 months

**CATS:** RABIES  
FVRCP (DISTEMPER)

**One of our doctors 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.**

**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.)

**All pets found to have fleas, ticks, or worms on admission will be treated at owner's expense.**

**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 owner's expense.**

Charges for all of the foregoing will be at the hospital's standard rates, and I agree to pay them when requested.

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