



POLICIES AND PROCEDURES

Please read and initial the policies below. Your signature at the end of the form indicates that you accept these policies and understand the reason behind them.

_____ (Initial) We cannot board your pet unless he/she is current on annual vaccines and intestinal parasite examination. We will update any vaccine and fecal check if your pet is not current. You will be financially responsible for these services.

DOGS- All dogs are required to be current on their Rabies, DHLPP, Bordetella (biannually) and Intestinal Parasite Exam. Although the Heartworm Test is not required for boarding, it is highly recommended.

CATS- All cats are required to be current on their Rabies and FVRCP. Although the Leukemia vaccine and Intestinal Parasite Exam are not required for boarding, they are highly recommended.

_____ (Initial) We require that all pets be free of external parasites (fleas and ticks) when admitted for boarding or they will be treated at admission at the owner's expense.

_____ (Initial) We allow treats, however, no toys are permitted in the runs as they can be choking hazards.

_____ (Initial) We provide ALL bedding, blankets, and towels for your pet. HCAH is not responsible for any items or personal belongings that are lost or damaged.

_____ (Initial) I understand that boarding charges are similar to a hotel. Should I pick up after 2:00pm, I will incur an additional boarding charge for that day unless I have requested a bath or groom, in which case I would be charged accordingly.

_____ (Initial) All fees for boarding and related services are due upon pickup. If needed, payment plans are available through CareCredit.

I certify that I have read the policies and procedures listed above. The hospital and staff will NOT be held liable for any problems that develop, provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet in my absence will be treated as deemed best by the veterinarian and I assume full responsibility for the treatment expense involved.

Signature _____ Date _____