

## **BOARDING POLICIES**

Meadowlands Veterinary Hospital

- All dogs must have current immunizations against Rabies, Distemper, Parvo Virus, and Bordetella (Kennel Cough).
- All cats must have current immunizations against Rabies, Feline Distemper, Rhinotracheitis, and Calici Virus.
- All cats must have had a Feline Leukemia/Feline AIDS test and all cats that go outside must have a current Feline Leukemia vaccine.
- All animals must be free of external parasites (fleas & ticks) when admitted for boarding; or must be treated upon admission.
- All clients are required to read and sign the boarding admitting form.
- Any animal that requires emergency or immediate veterinary attention will receive it at our discretion, and at the owner's expense.
- An emergency telephone number must be left with the hospital.
- Animals requiring medication or treatment will be charged appropriate fees.
- Boarders may not be discharged on holidays.
- Full payment is expected upon admission and any other charges accrued must be paid at time of discharge.

**I have read and understand the Boarding Policies.**

**Please initial:** \_\_\_\_\_

## **OWNER RELEASE**

Meadowlands Veterinary Hospital

Welcome to MVH. This contract states that you are aware of our boarding policies and will follow the guidelines stated below for each undersigned pet.

I understand you cannot guarantee the health of my pet(s). I understand and will not hold MVH responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, diarrhea, and fleas. I understand all pets admitted to the hospital must be protected against communicable contagious diseases and must be free of internal and external parasites or they will be treated upon entry or discovery at the owner/agent's expense.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately.

**If any problem is observed or develops: (PLEASE CHECK ONE)**

- Please treat my pet(s) as required, you need not call me.
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

**Should an EMERGENCY arise, I authorize** the medical staff to sedate and/or perform such emergency procedures as may be necessary for the health of my pet(s) until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet(s).

I understand that the hospital is not responsible for loss or damage to personal items left with the pet(s) including but not limited to leashes, collars, toys, and bedding.

The hospital is to use all reasonable precaution against injury, escape, or death. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed.

**I will call if my "pick-up date" changes so you can plan accordingly.**

I have been provided with a copy of the boarding policy handout/brochure explaining the boarding policy and regulations.

**I understand there is an additional charge for any pet deemed aggressive during the boarding period.**

Date: \_\_\_\_\_ Owner / Agent: \_\_\_\_\_

Name & Phone Number of Responsible Party to be reached in an Emergency (\*\*REQUIRED\*\*):

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## BOARDING ADMISSION FORM

Meadowlands Veterinary Hospital

Owner's Name \_\_\_\_\_ Animal's name: \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_ Date \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

**Pick Up Date:** \_\_\_\_\_ **AM**                      **PM**

- THERE WILL BE NO HOLIDAY PICK UP.**

Is your dog on monthly heartworm preventive? \_\_\_\_\_

Any vomiting, coughing, sneezing or diarrhea? \_\_\_\_\_

Is your pet allergic to any drugs? What? \_\_\_\_\_

Has your pet had any illness or injury in the past 30 days? \_\_\_\_\_

Any specific medical problems or problems in general that we should know about?  
\_\_\_\_\_

Is your pet on any medication? \_\_\_\_\_ Please list below with instructions for administration.

Current Diet: \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_

Any other Special Instructions: \_\_\_\_\_

**If evidence of fleas or ticks is present, appropriate medication will be given or applied. There is a fee charged for this service.**

**OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:**

<b>Toe Nail Trim:</b>	<b>Yes</b>	<b>No</b>
<b>Medication Administration:</b>	<b>Yes</b>	<b>No</b>
Please list medications:		
When did your pet last have his/her medication? Date: _____ Time: _____		

**MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:**

**\*Specific Problem:** \_\_\_\_\_

\*It is recommended that a drop off appointment be scheduled if there is a specific problem that will require discussion with the veterinarian.