

ACCT #

NAME -

New River Animal Hospital Boarding Policy:

Office hours are Monday – Friday 8:30 – 5:00 Winter hours are 8:30 – 4:00. Pets will ONLY be released during business hours.

**1. PARASITE POLICY** – All boarding pets must be free of fleas/ticks and intestinal parasites. If your pet shows evidence of these listed above they will be treated with an appropriate product. The additional charges will be added to your final bill.

**2. VACCINATION POLICY** – To insure the protection of all pets under our care, the following vaccinations must be up to date:

**DOGS:** DAPP (Distemper) & Rabies **CATS:** FVRCP (Distemper) & Rabies

If my pet is not current on all above vaccinations, I give my permission for New River Animal Hospital to update the vaccination(s) in accordance with the above policy. I understand an examination fee will be charged as well as the vaccination fee to my final bill.

**3. MEDICAL ILLNESS POLICY** – One of the advantages of boarding your pet at New River Animal Hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed regarding your pet’s symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we at New River Animal Hospital will perform whatever services the doctor deems necessary for the best care for your pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

**4. Other** - Any bathing or grooming deemed necessary by a DVM for medical, hygienic or safety reasons will be performed as needed; fees will be charged to my final bill.

I have read this form and I am aware of the above staffing hours and understand the above policies. I agree to pay for any additional fees necessary to be in accordance with the above policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Numbers, please list: