

BOARDING INFORMATION

***Our number one goal is to provide the best care for your pet; we appreciate your continued trust in us to do so. If you have any questions or complaints please let us know.** We treat every pet entrusted to our care the same as we treat our pets. Our own personal pets board in our kennels when we are out of town just as your pets do.

1. **BOARDERS MUST BE CURRENT ON ALL VACCINES AND BE FREE OF ALL FLEAS AND OTHER PARASITES.** If your pet is found to be carrying parasites appropriate treatment will be done at the owner's expense (We STRONGLY recommend all pets use Frontline Plus).
2. **BOARDERS MAY ONLY BE DROPPED OFF OR PICKED UP DURING REGULAR BUSINESS HOURS (MONDAY-FRIDAY 7:30-5:00).** On some holidays we may only be opened ½ a day in which case your pet must be dropped off or picked up before we close on those days. In cases where an unplanned emergency arises outside of our regular business hours you will need to contact Dr. Sellers at home.
3. **DROPPING OFF AND PICKING UP ON THE WEEKENDS WILL NOT BE POSSIBLE UNLESS IT IS AN EMERGENCY.** In these cases Dr. Sellers is the only one who can take animals in or release them.
4. **IT IS NOT A REQUIREMENT TO HAVE A RESERVATION, BUT IT IS RECOMMENDED.** We have a limited kennel space and those with reservations will be taken before pets without (Reservations during the busy holiday season do book up quickly so we recommend calling in advance!).
5. **BE AWARE THAT YOUR PET'S DIET MAY HAVE VARIED SLIGHTLY FROM HOME.** GI disturbances can occur from any changes in the normal home feeding habits.
6. **YOUR PET MAY HAVE BARKED CONSTANTLY AT OTHER ANIMALS.** Although no two pets of different owners are ever put together, just seeing another pet causes many pets to become excited. Many cases of sore throats, tonsillitis, and bronchitis result from excessive barking.
7. **BE AWARE THE TEMPERATURE AND HUMIDITY IN OUR CLINICS MAY BE A LITTLE DIFFERENT FROM YOUR HOME.** Just as humans, any changes in the environment can create problems beyond control.
8. **YOUR PET COULD HAVE BEEN IN THE "INCUBATION PERIOD" OF SOME INFECTIOUS DISEASE WHEN BROUGHT TO THE CLINIC FOR BOARDING.** Signs of disease do not develop for several days after exposure to an infectious agent. Even though you assume the pet is healthy—and even though we examine the pet upon admission, it is impossible to detect many problems until the pet starts to show clinical signs. Any changes in the normal routines of the pet can result in "stress." Any form of stress can weaken the pet's immune system allowing some hidden disease it has been incubating to become apparent resulting in a sick pet.
9. **YOUR PET MAY HAVE A KENNEL ODOR IF IT DID NOT HAVE A DISMISSAL BATH.** We STRONGLY recommend all pets receive a bath on the day of dismissal to ensure the pet is clean and odor free. Kennel sanitation is the highest priority for us, BUT some pets still soil their cages and step or lay in the soiled area. It only takes a minute for this to happen.
10. **PETS FROM SAME FAMILY REQUESTED TO BE HOUSED TOGETHER & ONE IS INJURED.** Injuries can occur from either playing or a "family squabble." For these reasons, we do NOT recommend housing them together.

CLARKE COUNTY ANIMAL HOSPITAL BOARDING RELEASE

I understand Clarke County Animal Hospital CANNOT guarantee the health of my pet. I understand and will not hold Clarke County Animal Hospital responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea and fleas. **I understand ALL pets admitted to Clarke County Animal Hospital must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense.** If vaccinations are performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my pet should bite any person or other pet while on the clinic premises.

I understand that in the event of my pet's illness the staff of Clarke County Animal Hospital will immediately attempt to contact me or my agent to discuss the problem and treatment options. If the staff is not able to contact me immediately, Clarke County Animal Hospital is therefore authorized to initiate appropriate treatment until said owner/agent can be reached.

If any problem is observed or develops:

_____ Please treat my pet as required, you need not call me.

_____ Perform only emergency and supportive care.
Notified me for permission to begin any other treatment

_____ 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 at Clarke County Animal Hospital to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

I understand that Clarke County Animal Hospital is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys and bedding.

Clarke County Animal Hospital is to use all reasonable precaution against injury, escape or death of my pet. Clarke County Animal Hospital 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 will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I will call if my "pick up date" changes so you can plan accordingly. If I neglect to pick my pet up within 5 days of the date scheduled for discharged, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

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: _____
