



Channel Islands Veterinary Hospital



BOARDING POLICY

VACCINATIONS

Upon drop off, all vaccines must be current to admit any animal into our boarding facility. If you are unable to furnish proof of vaccination, and wish to board your pet with us, we will vaccinate your pet. Vaccination fees are not included in the boarding charges. The owner is responsible for all vaccination costs.

Required Vaccinations:

Canine- DHPP, Corona, Bordetella, and Rabies

Feline- FVRCP, FeLv (leukemia), and Rabies

Initial: _____

INTERNAL & EXTERNAL PARASITES

All patients are required to have a current fecal examination that is negative for internal parasites.

All patients must be free from any visible parasites, fleas being the most common. If fleas are seen on your pet, flea control will be administered and applied. Flea control fees are not included in the boarding charges. The owner is responsible for flea control costs.

Initial: _____

MEDICATIONS

All medications must be in the original container with appropriate drug information. This ensures precise and safe care for your pet. There is an additional fee for medicating boarders of \$5.60 per pet/per day.

Initial: _____

DAILY RATES

CHECK OUT TIME IS 12:00 PM (NOON)

Boarding begins the day you drop off your pet. At 12:00 noon the following day, another boarding charge is added. Any pet picked up after noon will be charged for that day of boarding.

Initial: _____

EMERGENCY

Channel Islands Veterinary Hospital is a hospital facility. Should any medical condition arise while your pet boards with us, it will receive medical attention. The doctors are obligated to treat any situation causing the pet discomfort.

- If an emergency phone number is given, every effort will be made to contact the owner prior to treatment.
- If you designate an authorized agent, understand that you are authorizing this person to make medical decisions for you in your absence. You will be responsible for all charges. If we are unable to contact you or an authorized agent, treatment will be given at the doctor's discretion. You will be responsible for all charges.

Signature: _____

Date: _____