

AUDUBON ANIMAL HOSPITAL
2450 West Parrish Ave., Owensboro, KY 42301
Phone 270-684-7288

PET BOARDING CONTRACT

Policies and Procedures

We strive to provide the highest quality pet care possible. We take the responsibility of caring for your pets seriously. We understand and respect that they are valued members of your family. We have placed the following policies and procedures in effect to ensure that all our guests and their families are treated with care and respect.

Health and Safety

Your pet's health and safety is of the utmost importance to us. All pets must be flea-free. We will examine your pet upon admission in the owner's presence for fleas and ticks. Treatment will be given, at the owner's expense, to any pet that arrives with fleas and/or ticks. The following vaccinations/tests are required:

Dogs: Rabies, DA2PL-PV; Bordetella, Fecal Test. The Rabies and DA2PL-PV must be current at least two weeks prior to check-in.

Cats: Rabies, FVRCP-C. If you add playtimes to your cat's stay, they must have tested negative for Feline Leukemia and the Feline Leukemia vaccine must be current.

Bedding and Toy Policy

Although personal items are welcome, Audubon Animal Hospital is not responsible for lost or destroyed items. We will accept (2) toys and (1) small/medium article of bedding per pet. Items must be able to fit into our washing machine.

I, _____, understand that Audubon Animal Hospital is not responsible for lost or destroyed items. I may not get them back.

Medical/Illness Policy

If your pet becomes ill or requires medical attention it is our policy to engage the professional services of our veterinarians.

PLEASE INITIAL ONE of the following options . . .

_____ I **do authorize** treatment at my expense if my pet becomes ill during his/her stay.

_____ I **do not authorize** treatment at my expense if my pet becomes ill during his/her stay

_____ **Call me first** at the number I have provided before any treatment is given if my pet becomes ill during his/her stay.

I have read and understand the medical/illness policies.

Signed: _____

Date: _____

Payment Policy

Boarding is calculated by the 1/2 day, not by the night. Payment is due when services rendered.

I have read the boarding requirements and understand the policies.

Signed: _____

Date: _____

Emergency Numbers:
