

BOARDING, TREATMENT, AND FINANCE POLICIES

As the owner of authorized guardian of this animal, I give permission to Moores Mill Animal Hospital (MMAH) to receive, treat, prescribe or otherwise care for the animal above as deemed necessary. Should injury or circumstance warrant the need for emergency services, I understand that MMAH will try to contact the necessary people before treatment but will exercise the option to proceed if no one is available for clearance. Animals left five working days beyond the recommended dismissal date without extenuating circumstances will be considered property of MMAH will be disposed of or adopted out as deemed appropriate. Our office will use all reasonable precautions against injury, escape, or demise; but will not be held liable or responsible in any manner regarding the care, treatment or safe keeping of the animal. I understand that hospital support personnel will be employed in that care and treatment of the animal as deemed necessary by the veterinarian. I understand that the owner/agent is financially responsible to MMAH for all applicable charges related to this animal. I agree to the payment method indicated. It is also agreed that past due accounts are subject to all costs of collection, including attorney's fees. I am the owner or the authorized agent or the owner of the animal presented for care. All accounts are subject to a minimum service charge of \$3.00 or a finance charge of **3.0%** per month which is equivalent to an annual percentage rate of 18%. All collection and attorney fees necessary to collect this debt will be born by me.

1. **Dogs** must be current on the following vaccinations: Distemper, Parvo, Bordetella and Rabies. **Cats** must be current on the following vaccinations: Feline Distemper and Rabies. Flea treatment (oral or topical) will be given upon admittance to hospital. An exam fee will be charged at the time vaccinations are given.
2. We require reservations be made prior to any drop off of an animal boarding with us. Please call at any time during office hours to check our schedule, as there is always a possibility of a cancellation.
3. Our doors are open 7:30-5:30pm on non-holiday weekdays. We are closed most holidays for pick-up and drop-off of boarders. We are closed Saturday and are open Sunday between 5:00-5:15pm for boarding pick-up and drop-off.
4. If your animal is not picked up by closing time, you will be charged another night of boarding for your animal. You are able to pick up your animal any time during business hours or designated Sunday hours only.
5. Those animals who are scheduled for a Sunday night pick up will be charged boarding for Sunday night.
6. If a bath is requested, it is normally completed the morning the pet is scheduled to depart. If you pick up a day or days earlier than expected, we cannot guarantee the bath will be completed. Some pets may require sedation for their baths; we will try to contact you if a doctor thinks your pet needs sedation before a bath, but if we cannot reach you we will not complete the bath for the safety of your pet and our staff.
7. We do use a high-quality maintenance food for the stay if you do not bring your own. If you do bring your own food, please make sure all foods and treats are labeled with your name, your pet's name, and amount to be fed.
8. Bring all medications with you when you drop off your pet. Make sure all medications are labeled with your name, your pet's name and dosage to be given. Instructions will be recorded at the time of drop off.
9. We strive to provide the best care and compassion for your pets. If at any time we have the need for special or emergency treatments while your pet is boarding with us, we will first attempt to contact you or your designated contact to inform of the situation. If we cannot get into contact with you or your secondary contact during an emergency situation, your signature below authorizes the veterinarians of Moores Mill Animal Hospital to use their best judgment for the treatment of your pet.

We appreciate your cooperation and understanding of our policies to provide a fair and timely service to all.

I verify that all previous information reported on this form is correct to the best of my knowledge. I approve the use of my digital signature to confirm my acceptance of the above terms.

Signature: _____

Date: _____

Your Pet's Stay Information

1. Does your animal have any medications? YES NO

Medication Name	Dose	Dosing Instructions	Time last given	
			Date:	Time:
			Date:	Time:
			Date:	Time:
			Date:	Time:
			Date:	Time:

2. Did you bring your own food? YES NO

How often does your pet get fed: 1X a Day- (AM or PM 2X a Day 3X a Day

What type of food: Wet Food Dry Food A combination of wet and dry

How many cups of dry food at each meal: _____ How many cans of wet food: _____

Is there anything else we should know about feeding your pet (resource guarding, special feeder, hairballs, etc.):

3. **CLINIC USE ONLY:** For feeding in-clinic food (Purina EN Low Fat) Circle the cups per day.

Kennel (dog) Feeding Chart

Weight (pounds)	Cups per day	Cups per feeding
<12	1/2	1/4
13-20	1	1/2
21-50	2	1
51-75	3	1.5
76-100	3 3/4	1 3/4
Over 100	4.5	2 1/4

4. Does your animal have any allergies? YES NO Please describe if yes: _____

5. What items were brought today? (leash, collar, carrier, etc.):

Item:	Color/Pattern:	Further Description:

6. Please describe any current medical concerns our kennel staff should know about your pet (hyperthyroidism, diabetic, epilepsy, etc.): _____
