



Woodsdale Animal Hospital  
430 South Morgan St  
Roxboro NC 27573

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## **BOARDING POLICY:**

### **A. Vaccines:**

In order to board, all vaccinations (DHLPP, Bordetella and Rabies for dogs and FVRCP and Rabies for cats). If your pet does not receive its vaccines at this facility, you must show documentation that verifies current vaccinations.

***If any vaccinations are not current, your pet must be vaccinated before boarding for his/her protection. Vaccines administered at this facility will be charged according to standard fees.***

### **B. Diet:**

Pets are fed Science Diet twice daily. If your pet is on a special diet you are responsible for providing enough food for the duration of boarding. If your pet has special feeding needs please specify at the time of check-in.

### **C. Medication:**

We will administer any required medications to your pet for an additional \$4.20/day. Please bring appropriate medications and provide instructions. You are responsible for providing medications for your pet during their stay.

***If medications need to be filled or refilled, they will be added to your bill.***

### **D. Other services needed:**

Please note any additional services your pet needs while boarding (examination for a problem, lab work, nail trim, etc) will be charged at standard prices. It is your responsibility to communicate any additional services that are being requested.

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**E. Statement of Kennel Policy:**

- 1) The number of boarding days charged is based on the number of nights. **Please note that all pets require pickup by noon (12:00 EST) on the day of departure. Any pickup after noon (12:00 EST) will result in an additional day of boarding charge.**
- 2) Kennel services are available during normal business hours: *M-F 7:30am -5:30pm*.  
Discharging after normal business hours is not allowed. Please call ahead if your pet was bathed to make sure that he/she is ready to go home.
- 3) Personal items may be left only at your own risk. *We are not responsible for loss or damage.*
- 4) Woodsdale Animal Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. I hold Woodsdale Animal Hospital harmless for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, or fleas.
- 5) Should the pet identified in this record become ill, Woodsdale Animal Hospital will attempt to contact the owner at the emergency number listed on the *Boarding Release Form*. I acknowledge that in the event of my pet's illness (illness is defined as a life-threatening condition), the staff at Woodsdale Animal Hospital may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and costs with the attending veterinarian.

**F. Fee Schedule:**

Canine:	
Small Dog (0-24 lbs)	<b>\$34/night</b>
Medium Dog (25-61 lbs)	<b>\$36/night</b>
Large Dog (Over 61 lbs)	<b>\$38/night</b>

  

Feline:	
All Cats	<b>\$27/night</b>

**G. Bathing:**

We will not bathe any pets routinely unless requested by the owner. In the event that the pet is infested with fleas, Woodsdale Animal Hospital staff will provide a bath at their discretion. Regular fees apply for all bathing services. Otherwise, baths are given at the discretion of the staff.

**H. Parasites:**

Flea/Tick Prevention: All pets are required to be current on flea/tick prevention upon entry. Pets with fleas or ticks on entry will be given a CapStar to kill live fleas and administered prevention at the veterinarian's discretion.

<b>I agree to pay all related expenses associated with the treatment of my pet for parasites including bathing, medication and other discretionary services.</b>
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**CLIENT SIGNATURE SHEET:**

(Initials) I agree to make complete payment to Woodsdale Animal Hospital at the time of discharge for all services and medications rendered. I understand that my pet will not be discharged if the total amount due is not paid in full. I agree to additional boarding charges that result in failure of complete payment at time of discharge.

(Initials) I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days.

(Initials) I understand that if I fail to pick up my pet within ten days of notification by Woodsdale Veterinary Hospital, my pet will be considered to be "abandoned", and will be handled in accordance with North Carolina State Law, and that doing so does not relieve me of my financial obligations.

(Initials) The number of boarding days charged is based on the number of nights spent here. Please note that all pets require pickup by noon (12:00 EST) on the day of departure. Any pickup after noon (12:00 EST) will result in an additional day of boarding charge.

(Initials) Vaccines administered at this facility will be charged according to standard fees.

(Initials) Kennel services are available during normal business hours: *M-F 7:30am - 5:30pm*. Discharging after normal business hours is not allowed. Please call ahead if your pet was bathed to make sure that he/she is ready to go home.

I HAVE READ THE ABOVE AND I AM IN FULL AGREEMENT,

\_\_\_\_\_  
Owner Name(Printed Name)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**PET OWNERS AGENTS:**

I authorize the below named individuals to act as a representative agent for my pet in my absence. This includes any medical, financial or discharging decisions. I also understand that Woodsdale Animal Hospital is not held responsible for the decision(s) made by the owners agent. All conditions and policies in this document apply and transfer to the owners agent.

Woodsdale Animal Hospital reserves the right to deny discharge to the owners agent for any reason.

Agent Name (Printed) _____
Agent Address _____
Agent Contact Number _____
Agent Contact Email _____

Agent Name (Printed) _____
Agent Address _____
Agent Contact Number _____
Agent Contact Email _____

Agent Name (Printed) _____
Agent Address _____
Agent Contact Number _____
Agent Contact Email _____