

Bluffs Animal Hospital, P.A.

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BOARDING POLICIES

- 1) Dogs are required to have vaccinations for Distemper, Parvo, and Bordetella/Parainfluenza within the past year (3 years for a 3-year USDA licensed D/A/PV) and Rabies(1 or 3 year depending on vaccine used). Dogs must have a Negative fecal test within the past 6 months. Cats are required to have vaccinations for Distemper and Respiratory Virus (FVRCP) within the past 3 years and Rabies (1 or 3 year depending on vaccine used). We must have **proof** of current vaccinations or we will administer any necessary vaccines. Any pet that is to be vaccinated must have an examination by the veterinarian. Normal charges for vaccines and examinations will apply. This is for the protection of your pet and all pets in the hospital.
- 2) Due to recent outbreaks of ticks in our area and dogs coming into our kennel with ticks, we now require that **all** pets coming in to board must be on a monthly preventative for ticks. Your dog or cat must have had either Frontline, Advantix, or Revolution applied in the last 30 days. Proof of purchase from a veterinarian is required. If your pet has not had a tick preventive applied in the past 30 days, we will apply a dose of Frontline the day your pet is admitted to the kennel. There is a charge for Frontline application.
- 3) Any pet admitted with evidence of fleas or ticks must have a flea bath upon entry to protect the all pets in the hospital. A technician will examine your pet for evidence of fleas/ticks before entry to the kennel. All pets that are boarded 5 days or more are **REQUIRED** to have a bath the morning they go home. Please let us know if you are picking up in the morning, so bathing can be done ahead of time. We want your pet to go home clean and flea-free. Boarders receive a **33%** discount on bathing charges.
- 4) We will give any routine medications, heartworm prevention, or special diets that **YOU PROVIDE** at no charge. Medications or prescription diets that we provide will be charged for.
- 5) Pets that are aggressive or difficult to handle and pets that require medical care will be charged an additional \$5.00 - \$15.00 per day.
- 6) If your pet becomes ill while boarding, the veterinarians will use their best judgment in administering any necessary care. Normal charges will be made for any examination, treatments or medicine.
- 7) We can only admit and release pets during normal office hours: 8:00AM-5:30PM on Mon., Thurs., and Fri.; 8:00AM-6:30PM on Tues., 8:00AM-12:30PM & 3:00-5:30PM on Wed. We are also open the First Saturday of each month from 9:00AM-12:00Noon. We request you pick up your pet after 10:00 AM to allow time for bathing and cleanup.
- 8) Please allow approx. 15 minutes when admitting your pet for check-in and a brief exam.
- 9) Payment is required upon admittance. An estimate will be given for all services. Any additional charges must be paid in full when your pet goes home.
- 10) Please do not leave personal items (blankets, bedding, pillows, toys, chews, leashes, etc.) with your pet. We can not guarantee that these items will be returned.

Owner's Release :

I hereby consent and authorize Bluffs Animal Hospital, PA and staff to receive, prescribe for, treat, administer anesthesia, or operate upon my pet. You are to use all reasonable precautions against injury, escape, or death of my pet. The clinic, doctors, and staff will not be held liable or responsible for any problems or complications that develop provided reasonable care and precautions are followed. I assume full responsibility for all treatment costs. If I neglect to pick up my pet within five days of the set pickup date 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 or necessary, and it is understood that you doing so does not relieve me from paying all costs for services and keeping. All fees are due at time of treatment or discharge. All unpaid balances are assessed a monthly finance charge of 1.5% (minimum \$5.00). The owner will be responsible for all collection costs if fees are not paid in full as agreed.

I have read the foregoing and agree.

Signature of owner

Date

Thank you for helping the staff at Bluffs Animal Hospital provide better care for your pets.

Phone number where I can be reached _____

Local person and phone to contact _____

Date and Time of pickup (Please call if this changes) _____

Medications or food left with us _____

Services or items needed while here _____

Special Instructions: _____