

Katy Area Veterinary Medical Group

Highland Knolls Veterinary Hospital

Boarding Policies & Consent Form

Hospital Hours & Policies are subject to change without notice. Katy Area Veterinary Medical Group is closed the following holidays: New Years Day, Memorial Day, The 4th of July, Labor Day, Thanksgiving Day & Christmas Day. The weekends surrounding major holidays are subject to special hours or closure. **Normal Operating Hours: Monday - Friday 7:00am-6:00pm; Saturday 8:00am-12:00pm.; Sunday 5:00pm-5:15pm (Pick up and Drop off for Boarding Only).**

Highland Knolls Veterinary Hospital is first and foremost a veterinary hospital. We maintain strict boarding policies as a guideline to aid in preventing the spread of communicable diseases and parasites among pets. We realize that each pet is unique and their health care needs may deviate from the listed policies. In these cases, a doctor at Highland Knolls Veterinary Hospital must approve each patient for boarding at Highland Knolls Veterinary Hospital. This may include, but is not limited to a pre-boarding exam and consultation.

Billing, Check in and Check Out Policy: All billing for boarding is by the **DAY**, because kennel spaces are allotted by the day. All pets must be checked in or checked out during regular business hours. There are no exceptions.

Vaccine Policy: To ensure the health of all pets staying under the care of Highland Knolls Veterinary Hospital, all pets must be up to date on vaccines by the protocol set forth by Katy Area Veterinary Medical Group. All Vaccines must be administered by a licensed veterinarian. Acceptable proof of vaccines includes: vaccines on file with Katy Area Veterinary Medical Group, or appropriate medical records from other licensed Veterinarian. It is the pet owner's responsibility to get vaccine records to Katy Area Veterinary Medical Group prior to scheduling boarding reservations or other drop-off procedures. Each pet must also have been examined by a licensed Veterinarian within Katy Area Veterinary Medical group during the last six months. Vaccine protocols and guidelines are subject to change without notice and may differ between patients. Any pet left for boarding at Highland Knolls Veterinary Hospital that is past due for vaccines or parasite screenings or will be due for vaccines or parasite screenings while boarding, will be vaccinated or tested in accordance with the appropriate protocol. The owner, co-owner or responsible agent will be responsible for all associated charges.

Parasite policy: All pets must be free of internal and external parasites (such as fleas, ticks & intestinal parasites). Should a pet be found to have any parasites, they will be treated as deemed appropriate by the Veterinarians of Katy Area Veterinary Medical Group. All dogs staying at Highland Knolls Veterinary Hospital must have had an intestinal parasite screen performed at a national diagnostic laboratory within the last six months and a blood parasite screening of at least Lyme Disease, Ehrlichiosis and Anaplasmosis. Any pet past due for an intestinal or blood parasite screen, or if due while boarding, will have the screen performed upon entry. The owner or responsible agent will be responsible for all associated charges.

Medical illness policy: One of the advantages of boarding with Highland Knolls Veterinary Hospital is that Veterinary care is readily available should the need arise. Should a pet become ill or begin to show signs or symptoms of illness while boarding, our doctors are bound by state law to render aid. If the need arises for one of the doctors of Katy Area Veterinary Medical Group to render aid to your pet, they will follow standard medical practices just as they would for any other pet. It is not the standard practice of Highland Knolls Veterinary Hospital to call for minor medical problems such as stress induced vomiting or diarrhea. Should your pet show signs or symptoms of a more serious illness, we will make all efforts to contact the listed emergency contacts before beginning any diagnostics or medical therapies. Should your pet show signs or symptoms of an immediate life threatening illness, the doctors will not withhold care, unless previously directed to do so. The doctors will do what is deemed necessary to stabilize the pet before contacting the emergency contact(s). Because you are responsible for all charges, it is important that we have accurate emergency contact information. All emergency contacts must be at least eighteen years of age, and competent to make medical decisions for your pet.

Information regarding this Stay at Highland Knolls Veterinary Hospital

Name of Pet(s)

Drop-off Date

Pick-up Date

Pick-up date subject to change. I will keep Highland Knolls Veterinary Hospital informed about the actual date.

Would you like your pet to have a bath prior to check out?

 Yes No

Unknown, will call the day before check out

If your pet needs medications while boarding, please list: 'Pet(s) Name' - 'Medication & Dose' and 'frequency':

Please list any special instructions or other procedures your pet may need while boarding:

In the event of injury or illness, I agree with Highland Knolls Veterinary Hospital's Medical Illness Policy, and authorize care for my pet as deemed appropriate.

In the event of injury or illness, I disagree with Highland Knolls Veterinary Hospital's Medical Illness Policy, and I do not authorize any medical care for my pet(s). I understand that Highland Knolls Veterinary Hospital will not provide medical care to my pet until the emergency contact has been contacted and authorized care. I also understand that withholding care can and may result in pain, suffering and even the death of my pet(s) and I do hereby forever release the Doctor(s) and his/her agents, servants or representatives for any and all liabilities associated with my refusal of care for my pet(s).

Emergency Contact Name

Emergency Contact Name

Phone 1

Phone 2

Phone 1

Phone 2

E-Mail

E-Mail

By signing below (physically or digitally), I acknowledge that I have: 1. Read the above policies. 2. Asked and had answered any questions. 3. Agreed to the policies. 4. I assume responsibility for all charges associated

Printed Name:

Relation:

Date:

Signature