

VACCINATION PROTOCOL:

All animals boarding with us are required to have a current Rabies, DHAPP, and Bordetella vaccine upon admittance. Please understand vaccines administered at drop off will not be fully effective for 4-7 days, therefore, there is a chance of illness if exposure to a sick or infected animal occurs within this time period. Trenton Animal Hospital is a medical facility and exposure to these diseases can occur.

CANINE

- RABIES
- DHAPPC
- BORDETELLA
- HEARTWORM TEST

FELINE

- RABIES
- FVRCP
- FELv
- FELv/FIV TEST

BOARDING POLICIES:

1. In order to provide the best accommodations we require reservations prior to any drop off for boarding. Please call us at any time during office hours to check our schedule of availability.
2. Our doors are open from at 7:30 am to 6:00 pm Monday thru Friday and Saturday from 8:00 am to 1:00 pm for drop off/pick up of your pets. Boarding charges are invoiced on a per *night* basis.
3. We feed Royal Canin G.I. Low Fat dry kibble in our kennel. If your pet is on a special diet or is a picky eater, please bring enough of his/her food for the stay. Please make sure all foods and treats are labeled at drop off. If your pet will not eat, we will be happy to offer them a variety of canned diets for an additional charge.
4. Please bring all medications with you to drop off with your pet. Instructions will be recorded at drop off along with any special considerations you would like us to take during their stay.
5. We are happy to allow your pet's personal toys or blankets, however, Trenton Animal Hospital is not responsible for any illness or injury that occurs as a result of having these items in the kennel. If a belonging is deemed unsafe, we reserve the right to remove any toy or blanket from their possession during the stay.
6. If fleas are noted, your animal will be given a Capstar Flea Treatment Tablet at your expense.
7. Boarding stays for 3 nights or longer will receive a complimentary bath, nail trim, ear cleaning, and anal glands on the day before pick up.

As the owner or authorized guardian of this animal, I give permission to Trenton Animal Hospital to admit, treat, prescribe or otherwise provide any necessary care for the animal listed above. In the even of an emergency situation, I understand that the clinic will try to contact the necessary individuals prior to treatment, however, *we will exercise the option to proceed if no one is available for clearance*. By signing below you verify understanding of each of the aforementioned policies and agree to be financially responsible for any treatment.

SIGNATURE: _____ DATE: _____

Emergency Contact Name (if different from above): _____ Phone: _____