



**EVERGREEN
ANIMAL HOSPITAL**

Full-Service Small Animal Hospital

BRETT HORNBACK, DVM, P.S.C.

11618 Shelbyville Road • Louisville, Kentucky 40243
(502) 244-2068 • Fax (502) 244-0812
www.EvergreenAnimalHospital.com

BOARDING POLICY

Evergreen Animal Hospital boards pets as a service to our clients. Each dog is exercised at least 3-4 times daily. All pets are fed twice daily, unless otherwise instructed. Those pets with specific dietary or medication needs will be eagerly accommodated. In order to provide the best veterinary care possible and a healthy environment for your pet(s) while staying at Evergreen Animal Hospital, the following policies have been set forth:

1. **Each animal must be current on all vaccinations.** Unless proof of vaccinations is available, the necessary vaccinations will be given at the owner's expense. This is probably the most important part of protecting the health of your own pet(s) and others being boarded.
 - a) Dogs require **Rabies** and **DHPLP** (distemper, hepatitis, parainfluenza, leptospirosis, parvovirus) and **Bordetella** vaccines.
 - b) Cats require **Rabies**, and **FVRCP** (feline viral rhinotrachetis, calici, panleukopenia, and chlamydia) vaccines.
2. **Any pet who has not been tested for intestinal parasites in the last year will be tested and dewormed at the owner's expense.**
3. **Any pet found to be infested with fleas will be treated at the owner's expense.** This may involve a flea bath and/or Frontline flea treatment depending on the severity of the problem. This will help us to maintain a flea-free boarding environment for all pets.
4. **Any dog that boards for 4 or more days will be bathed before going home at owner's expense.** This helps discourage disease and unsanitary conditions for your pet and the hospital.
5. In the event of a medical problem arising during your pet(s) stay, we will try to contact the owner or the person(s) listed below. If the owner or responsible person cannot be reached, Evergreen Animal Hospital will treat the animal at the owner's expense.

Phone number of person responsible if contact is necessary:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Due to the high cost of bookkeeping and billing, positively no charging allowed, except Visa or Mastercard.

Remember, we are here to serve the best interest of your pet, therefore, any comments you have on improving this service are welcome.

Thank you,
The Staff at Evergreen Animal Hospital

Signature: _____ Date: _____