Hickman Veterinary Hospital, Inc.

Hospitalization Policy

To provide the best veterinary care and protect the health of your pet, as well as other patients during their stay at Hickman Veterinary Hospital, the following policies have been set forth:

Vaccinations- Every animal in our facility must be current on vaccinations. Proof of vaccinations administered by a veterinarian will need to be provided. Animals that are not current on vaccinations will have them administered at admission. The owner is responsible for the charges incurred. This is a very important part of protecting the health of our hospitalized and boarding patients. **X_____(initial)**

> **Required for Dogs**: DA2PPv $37.00 and Rabies $21.00. In addition, Bordetella $25.00 is required for any dogs staying with us.
>
> **Required for Cats**: PureVax4 RCPC + Rabies $56.00. Feline Leukemia is recommended, but not required. The total cost is $107.00 for ALL required and recommended vaccinations.

Fleas and Ticks- Every animal in our facility is required to be flea and tick free. Any animals admitted into the hospital that have fleas and ticks will be treated with a veterinary recommended dose of flea product (the cost is $25.00-$40.00 depending on the product required). **The owner is responsible for the charges incurred. X_____(initial)**

Microchip- We highly recommend that all pets are implanted with a microchip. This is optional.
Would you like for your pet to have a microchip implanted during their stay here? YES _____or NO_____ **$80.00**
PRICE INCLUDES REGISTRATION

Emergency Contact Information:

Name_____ **Telephone ( ) **_____

In the event an **unforeseen medical problem** should occur, we will attempt to contact the owner or person listed above. If the owner or other person can't be reached, Hickman Veterinary Hospital will provide the necessary medical care, as deemed appropriate by the attending veterinarian, at the owner's expense. **X_____(initial)**

I understand that Hickman Veterinary Hospital does not provide supervision or monitoring of pets when the office is closed for business, and by leaving my pet for hospitalization or boarding that I acknowledge understanding of the hospitalization and boarding policy of Hickman Veterinary Hospital. I also understand that by leaving my pet for hospitalization or boarding that I agree to the terms and conditions set forth above, and that I assume financial responsibility for all services rendered.

I am required to leave $300.00 deposit for my pet when hospitalized for ALL emergency care. X_____ (initial)

DEPOSIT DOES NOT APPLY TO *ROUTINE SURGERIES. (*IE: Spay, Neuter, and Dental)

The final payment is due upon the release of my pet from Hickman Veterinary Hospital, Inc.

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Owner or Owner Agent Signature **Date**