

Country Club Pet Hospital

Boarding/Elective Procedure Policy

All of the following requirements must be met prior to any animal being brought into the hospital for any reason unless Doctor states otherwise. This includes Boarding, Grooming, Elective procedures (ie: Nail trims, Dental, Spay/Neuter) Etc...

- **Medical Records:** A CCPH client folder must exist with a Medical History sheet present in client's folder for each individual pet. We must have a CCPH Dr. / Client/ Patient relationship for each pet, with a yearly physical exam.
- **Current Vaccination/Testing:** Species-specific proof of vaccinations/testing (V/T) as listed below, must be on file. All V/T must be administered by a licensed Veterinarian. If owner does not have written proof of all required V/T they will be administered at the owner expense. Below is a list of all V/T required by species:

1. Dogs:

- Rabies Vaccination
- DA2PP Vaccination (Distemper/Parvo)
- Leptospirosis Vaccination
- Bordatella Vaccination (Kennel cough)
- Canine Influenza Vaccinations (Flu – H3N8 & H3N2**)
- Negative Fecal exam in the previous 12 months
- Negative Heartworm test in the previous 12 months
- Proof of continuous use of HW prevention since last HW test

2. Cats:

- Rabies Vaccination
- FVRCP Vaccination
- Leukemia Vaccination
- Negative Felv/FIV test in past with vaccinations given after
- Negative Fecal exam or Revolution dose in previous 12 months

3. Ferrets

- Rabies Vaccination
- Distemper Vaccination
- Negative Fecal in previous 12 months

4. Exotics

- Physical exam in previous 12 months
- Negative Fecal in previous 12 months

- **Current Flea Prevention Regimen:** Proof of current flea prevention regimen acceptable to CCPH is required prior to entry into kennel. If written proof is unavailable a CCPH Veterinarian or Technician must conduct an examination for external parasites prior to entry to the kennel, if proof of any external parasites are found pet will be treated with a flea treatment at owners' expense.

I _____ have read the above CCPH V/T requirements and I understand they may differ from my previous veterinarian's requirements. I agree that if CCPH determines that further V/T are required then they will be administered at my expense. I agree and understand all terms stated above.

Signature _____ Date _____