

Alpine Animal Hospital  
4853 SR 270  
Pullman, WA 99163  
(509) 332-6575

## **BOARDING FORM AND POLICY**

**All pets are required to be current on the following vaccinations to board here:**

DOGS  
DHPP (within last 1-3 years)  
Rabies (within last 1-3 years)  
Bordetella (**within last 6 months**)

CATS  
FVRCP (within last 1 year)  
Rabies (within last 1-3 years)

**Please initial to show you understand and agree:**

\_\_\_\_\_ *If your pet is not current by our records, we will vaccinate pet here while boarding at your expense.*  
**It is your responsibility to provide accurate, up-to-date information about your pet.**

\_\_\_\_\_ 1) Pets can be dropped off/picked up **during regular office hours only** (Mon, Wed-Fri 8a-5:30p; Tues 8a-8p; Sat 8a-4p)  
*Boarding rates begin the day of drop off. No daily boarding fee is charged for the day of pick up if the pet is picked up before noon. (Daily boarding rate is charged if your pet is picked up after noon.)*

**\*Daily dog rates are \$24.99**

**\*Daily cat rates are \$13.99**

**\*Diabetic/Geriatric/Special/Critical care daily rates**

**\*Daily dogs rates \$33.99**

**\*Daily cat rates \$22.99**

\_\_\_\_\_ 2) If your pet is aggressive/caution, you will be charged an additional aggressive pet handling fee of \$10.00 per day. **We reserve the right to refuse boarding privileges in exceptional cases.**

\_\_\_\_\_ 3) Medications can be given at \$2.00 per administration.

\_\_\_\_\_ 4) All pets should be free of internal/external parasites.

**If parasites are suspected or discovered, your pet will be diagnosed/treated at the YOUR expense.**

\_\_\_\_\_ 5) While we expect all of our boarding pets to be healthy upon arrival, owners should be aware that if any symptoms become present while your pet is boarding, we will attempt to contact you before treating.

**If we are unable to obtain authorization via your provided emergency contact number, your pet will be diagnosed/treated at your expense.**

\_\_\_\_\_ 6) **Should your pet begin to vomit or have diarrhea they will automatically be tested for parasites. They will also be treated to stop the vomit/ diarrhea at your expense.**

\_\_\_\_\_ 7) If injury occurs from another boarding dog we will treat at no charge. However, owners will be responsible for any medication that may be required for home use.

\_\_\_\_\_ 8) If your pet inflicts self-injury while here (ex-fracturing tooth from biting cage door), owners will be responsible for all treatment and medication.

\_\_\_\_\_ 9) Special diets may be provided by the owner and fed as directed at no additional charge.

\_\_\_\_\_ 10) Owners may bring in personal toys, blankets, etc. for pets, but please note:

***Alpine is not responsible for any lost or destroyed personal items.***

\_\_\_\_\_ 11) Boarding baths for dogs (towel dry) and toe nail trims can be done for \$8.00 each or \$14.00 for both.

***If more than 2 people are needed to trim your dogs nail you will be charged a multiple assistance fee***

\_\_\_\_\_ 12) Dog services available include leash walks, 10 minute one-on-one play time, and brushing/massage. One service is \$5.50, two services are \$9.00, three services are \$14.50 (priced per day)

\_\_\_\_\_ 13) Intact Females who are in heat will be **charged an additional \$25 per day**

\_\_\_\_\_ 14) *I understand while boarding at Alpine Animal Hospital my pet's photo may be used for current and future publications without payment or any other consideration. This includes, but is not limited to, website entries and social media postings. No personal information beyond pet's first name will be released.*

I have read and understand the above boarding policy. In an emergency, I give Alpine Animal Hospital permission to stabilize and treat my pet(s) until myself or an agent is contacted.

Owner's Name (Please Print): \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Initials \_\_\_\_\_

**Please fill in the following information:**

Owner's Printed Name: \_\_\_\_\_

Pet's Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

**Returning Boarder's Form**

*Please review Alpine's boarding policy on the previous page(s) and fill in the following information.*

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
Emergency # _____	Meds/personal items/etc.: _____	
I authorize photos of my pet to be posted on Alpine social media (Facebook, etc.) (initial) _____		Staff _____

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
Emergency # _____	Meds/personal items/etc.: _____	
I authorize photos of my pet to be posted on Alpine social media (Facebook, etc.) (initial) _____		Staff _____

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
Emergency # _____	Meds/personal items/etc.: _____	
I authorize photos of my pet to be posted on Alpine social media (Facebook, etc.) (initial) _____		Staff _____

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
Emergency # _____	Meds/personal items/etc.: _____	
I authorize photos of my pet to be posted on Alpine social media (Facebook, etc.) (initial) _____		Staff _____

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
Emergency # _____	Meds/personal items/etc.: _____	
I authorize photos of my pet to be posted on Alpine social media (Facebook, etc.) (initial) _____		Staff _____

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
Emergency # _____	Meds/personal items/etc.: _____	
I authorize photos of my pet to be posted on Alpine social media (Facebook, etc.) (initial) _____		Staff _____

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
Emergency # _____	Meds/personal items/etc.: _____	
I authorize photos of my pet to be posted on Alpine social media (Facebook, etc.) (initial) _____		Staff _____

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
Emergency # _____	Meds/personal items/etc.: _____	
I authorize photos of my pet to be posted on Alpine social media (Facebook, etc.) (initial) _____		Staff _____

Drop-Off Date _____	Pick-Up Date _____	Owner's Initials _____
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