

**HICKMAN MILLS ANIMAL HOSPITAL  
LODGING AGREEMENT**

OWNER'S NAME \_\_\_\_\_

CONTACT PHONE NO.'S \_\_\_\_\_

PET'S NAME(S) \_\_\_\_\_

**A. PREVENTIVE HEALTH CARE:**

In order for your pet(s) to lodge with us, all exams/vaccines must meet the standards of our hospital. This means that he/she must have been examined by a veterinarian during the previous 12 months (6 months is recommended) and found to have been healthy and free of contagious disease. He/she must also have received a DHPP (dogs) or FVRCP (cats) vaccine and Rabies vaccine during the previous 12 months, and a fecal test in the last 6 months. Dogs are required to have received a Bordetella (kennel cough) vaccine during the past 6 months. If your pet is not a patient of Hickman Mills Animal Hospital, you must show documentation that verifies the above requirements have been met, *by a veterinarian*. If any of the above requirements are past due, they must be performed before or during lodging of your pet for his/her protection, and the protection of the other pets in our care. Any of the above can be performed here if you so desire, and will be added to your invoice.

**B. DIET:**

We feed only very high quality food to our lodgers. Feline and canine lodgers receive Purina Veterinary Prescription Diet EN, which limits the occurrence of stress-induced diarrhea. We are happy to feed their normal diet if you would prefer. Just make sure to bring an ample supply of it, in a well-marked container when you drop off your pet(s).

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

Diet to be fed: \_\_\_\_\_

**C. FLEAS/WORMS:**

In the interest of keeping our hospital free of parasites for the benefit of your pets and all other lodgers, if fleas are found on your pet(s), they *will* be treated. We use Capstar orally, which kills all live fleas currently on your pet immediately. Capstar offers no prevention but it kills all current live fleas faster than any other product. We will also apply a topical product which will kill fleas, flea eggs, and larvae for the next 30 days. It is important to note that this *single* application will not treat a flea infestation in your home. We can provide you with advice on accomplishing this difficult task. If not current, a stool check will also be performed and any worms found will be treated. *The cost for these treatments will be added to your invoice.*

**D. MEDICATION:**

We would be happy to administer any necessary medications to your pet while he/she is lodging with us. We have a small medication administration fee charged per lodging night. Please bring all medications and provide instructions for administration. If medication needs to be filled or refilled, the cost for the medication(s) will be added to your invoice. If your pet is placed on medication while lodging due to an illness, the medication administration fee is applicable, and will be added to your invoice.

**E. STATEMENT OF LODGING FACILITY POLICY:**

1. Lodging is charged per night spent in the facility.
  
2. Pets **MUST** be dropped off and picked up between 7am-3pm, M, Tu, W, F and 8am-1130 am on Saturday. *Admissions and/or Discharges after hours are NEVER allowed.*

3. Personal items may be left ONLY at your own risk. *We are not responsible for loss or damage.*
4. HMAH reserves the right to refuse admission to any animal that appears to be harboring a contagious disease, or for any animal deemed too difficult or dangerous for our staff to safely handle.
5. HMAH does not guarantee the health of any animal, but will give appropriate care to all lodging pets. I hold HMAH harmless for conditions that often are unavoidable in lodging environments such as, but not limited to, weight loss, kennel cough, respiratory infection, diarrhea, fleas, and unforeseen death.
6. Should the pet(s) identified on this form become ill, I request the following:  
**(You must check one option)**

\_\_\_\_\_ That the Hickman Mills Animal Hospital provide all responsible medical/surgical treatment it deems necessary, not to exceed **(check one dollar amount below)**:

\_\_\_\_\_ \$150    \_\_\_\_\_ \$300    \_\_\_\_\_ Any amount necessary.

I acknowledge that in the event of my pet's illness, the staff at Hickman Mills Animal Hospital may not be able to reach me immediately and is therefore authorized to initiate appropriate treatment until I can be reached. I agree to pay all expenses associated with the treatment of my pet(s), up to the amount I have indicated, until I am available to discuss further care and costs.

\_\_\_\_\_ That the Hickman Mills Animal Hospital performs *no diagnostic tests or treatment as I do not authorize this* until the staff has been able to reach me to discuss care and costs. *I do not hold Hickman Mills Animal Hospital responsible for my pets' declining health if I am unavailable at the phone numbers I have supplied.* As an exception, I further understand that should my pet(s) be admitted to the facility with, or acquire while here, diarrhea, fleas, or a respiratory infection, these conditions will require diagnostics and/or treatment, **which I will be responsible for when my pet is discharged, even without my prior approval in this section.**

**F. ELECTIVE BATH, NAILS, EARS (additional charge)**    \_\_\_\_\_ Yes, please.    \_\_\_\_\_ No, thank you.

<40#= \$37.30; 41-70#= \$42.70; 71-95#= \$51.90; >95#= \$60.00; Heavy Coat= \$70.00

**G. FEE SCHEDULE (per night lodged):**

Dogs: <20# = \$18.50    20-49# = \$20.00    50-85# = \$21.50    >85# = \$23.00  
Cats: \$14.00    Medication administration = \$3.25 per night lodged

*I certify that my pet(s) appears free of disease and has not bitten anyone within the past 10 days.*

*I understand that this is not a 24 hour facility, and is therefore not staffed at night.*

*I agree to notify Hickman Mills Animal Hospital by phone if I need/intend to leave my pet(s) here longer than I had reserved, or pick them up sooner than I had anticipated.*

*I understand that if I fail to pick up my pet(s) within 10(ten) days of notification to the owner's address on file, my pet(s) will be considered "abandoned", and will be handled in accordance with Missouri State Law concerning abandonment, and that doing so does not relieve me of my financial obligations to HMAH.*

**I agree to make complete payment to Hickman Mills Animal Hospital at the time of discharge.**

I HAVE READ ALL OF THE ABOVE AND AM IN FULL AGREEMENT.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date