



8321 Dames Point Crossing Blvd. N
Jacksonville, FL 32277
(904) 744-2699

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Boarding Policy

Thank you for choosing Dames Point Animal Hospital to care for your pet while you are away. In an effort to make sure your pet(s) has the best possible care, please review and initial the items below to acknowledge informed consent. *

_____ For your pet and other pets' safety, it is our policy that any animals left in our boarding care have been vaccinated against the following:

Felines: Rabies and Distemper

Canines: Rabies, Distemper/Parvo, Bordetella

All boarding animals must have proof of a negative fecal flotation within one year of boarding

_____ All canine boarders will receive a bath prior to discharge at the owner's expense if boarded over 24 hours. The bath includes shampoo, blow dry, nail trim, and basic ear cleaning.

_____ All boarders must be free of external (flea/ticks) and internal parasites (signs are diarrhea/vomiting). If either is noticed during your pet's stay with us, we will treat as necessary at your expense.

_____ We ask that you notify us at drop-off if your pet has a tendency to chew or eat foreign objects such as blankets, sticks etc.

_____ All canine boarders are walked three times a day in a fenced in area. Please notify us if your pet is capable of special tricks such as opening gates, digging, or jumping fences.

_____ Our staff is on premises Monday through Friday 7:30 am to 5:00 pm. On Saturday and Sunday our staff is present to care for boarding and hospitalized pets.

We do not have a staff member on premises 24 hours a day.

_____ **If your pet becomes ill during his/her stay, the doctor will examine the pet and administer the appropriate treatment at your expense. If the condition is life threatening, we will attempt to contact you at your emergency number.**

_____ If your pet receives special medications, we will administer these medications as prescribed. There is an additional daily fee for this.

Please note all medications MUST be in their original bottles with a prescription label in order for us to safely administer them to your pet.

I agree to the above conditions _____

Date _____

Emergency Contact # _____

*This authorization will remain in place for one year from the above date unless otherwise noted by the owner.